

THESIS

HEALTH PROMOTION STRATEGIES AMONG PRACTITIONERS IN THREE SETTINGS: THE ROLE OF DIRECTIONALITY AND BALANCE

Submitted by

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ABSTRACT

HEALTH PROMOTION STRATEGIES AMONG PRACTITIONERS IN THREE SETTINGS: THE ROLE OF DIRECTIONALITY AND BALANCE

Twelve in-depth interviews were conducted with health promotion practitioners in northern Colorado to examine their reliance on two-way versus one-way communication (direction) and symmetrical versus asymmetrical communication (balance) to develop public information/public relations campaigns. The study contrasted strategies used by communicators working for nonprofit, hospital, and government organizations, including their perspectives about how other practitioners strategize.

Contrary to expectations, the interviews revealed that practitioners in all three venues heavily relied on two-way symmetrical strategies, although they were all users of one-way communication. When discussing their perceptions, interviewees said colleagues working for organizations like theirs shared commonalities such as barriers to choosing campaign strategies; they said practitioners in other types of organizations have different barriers but more resources.

The study revealed four key implications for practitioners. First, they can use creative methods, rather than depend on funding, to implement two-way strategies. Second, they should utilize audience members to spread messages to peers. Third, they can make small changes to add more symmetrical communication. Fourth, they should consider entering into more partnerships.

These findings suggest that when practitioners learn what their colleagues are doing, they can create more effective campaigns, which ultimately lead to healthier communities.

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CHAPTER 1: INTRODUCTION

Health care is an issue constantly highlighted in news reports, and it is no wonder: With talks of reform, appropriateness of care options, and escalating costs, United States residents are left wondering what will happen in the future.

Costs are a key concern for government agencies, industries such as insurance providers, and citizens alike. Health care spending is growing, according to the Centers for Medicare & Medicaid Services (2010). Health expenditures in the United States grew 4.4 percent in 2008 to \$2.3 trillion and accounted for more than 16 percent of the national gross domestic product. The centers project that health expenditures will increase each year through 2019.

Despite all of that spending, United States residents' health doesn't always compare favorably to that of people living in other countries. The World Health Organization measures population health with a tool called healthy life expectancy, which is the average number of years that a person can expect to live in full health. In the United States, the healthy life expectancy in 2003 was 69 years, lower than that of both Canada and the United Kingdom (World Health Organization, 2010).

If citizens had knowledge of behaviors to benefit their own health and that of their family members, they could, in part, worry less about issues such as costs on a personal level. Furthermore, if enough individuals experienced improved health and avoided serious health issues, health on the collective level – such as in specific schools and communities – would also improve.

This highlights the importance of prevention, which helps people avoid costly serious illnesses. In the United States, substantial resources are dedicated to reducing the incidence and severity of major diseases (World Health Organization, 2006).

Ratzan (2004) wrote that early detection and treatment of preventable chronic disease will improve Americans' future. Health promotion has that power. Fries (1997) wrote that the first and most important defense against illness involves programs that promote healthy living. The author stated that multiple studies have shown that providing people with medical information and guidelines can lower medical service use by 7 to 17 percent.

Health promotion campaigns include public information or public communication efforts that encourage healthy behaviors to prevent disease, as well as campaigns to promote behaviors that lead to early detection. As the field of health promotion continues to grow, various organizations have become participants in health promotion, including nonprofits, hospitals, and government agencies. An interesting aspect of health promotion is the possible differences that may exist between these three types of organizations and the methods they utilize in their communication campaigns. This study compared and contrasted the ways these types of organizations practice health promotion.

The overarching research question for this study was: How do health promotion practices differ among nonprofit organizations, hospitals, and government agencies that practice health promotion?

The study began with explication of a key concept, health promotion. It was important to define this concept clearly as a way to explain the scope of the study.

The theoretical framework for this research was derived from two concepts in the communication literature: one-way versus two-way communication, and symmetrical versus asymmetrical communication (Grunig & Hunt, 1984; Grunig, 1989; J. Grunig & L. Grunig, 1992). These concepts were used to compare the practices utilized by the three different types of organizations identified as the focus of this study.

The study involved 12 in-depth interviews with practitioners from each of the three types of organizations identified as being involved in health promotion. The aim of these interviews was to investigate the application of directionality and balance, two concepts identified as valuable for enhancing the effectiveness of organization-public communication.

This study's value lies in the understanding of effective health promotion. Learning about what is successful for different types of organizations can help health promotion practitioners create effective campaigns by understanding alternative strategies being utilized in the field today to encourage healthier, longer lives among audiences.

CHAPTER 2: LITERATURE REVIEW

This chapter explores relevant literature to explicate the main concepts in this study: health, health promotion campaigns, health promotion organizations, directionality (one-way versus two-way communication), and balance (symmetrical versus asymmetrical communication).

Health

Health in and of itself stands as a key concept in this study, which was conducted in an effort to explore how health promotion practitioners conduct campaigns.

Using the parameters discussed below, this study defined *health* as: the psychological and physical well-being of a person or group of people.

Dictionary definitions of health include: “the condition of being sound in body, mind, or spirit;” “freedom from physical disease or pain;” “the general condition of the body;” and “flourishing condition” (Merriam-Webster, 2010).

Practitioners and scholars too often use definitions of health that are biologically based and are merely a question of survival (Zook, 1994). Zook said these professionals should embrace a more holistic view of health – one that includes personal, social, and societal well-being. Saylor (2003), a scholar and registered nurse, agreed with Zook. She argued that the Western view of health too often separates mental and physical states from each other and advocated for a broader definition.

Saylor (2003) saw the World Health Organization's 1948 definition of health as progressive for its time. That definition is similar now but has been updated. It states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 2006).

The explication of health for this research included a review of literature on individual versus population health and how the two may be separated or combined for the purposes of this study.

Individual health and population health should be defined separately, according to Tarlov and St. Peter (2000). Individual health is affected by genetics, habits, and the social environment of the house, community, and workplace (Tarlov & St. Peter, 2000). Improving this type of health involves behaviors, medical care, and family support. Population health, according to the authors, is the average health of individuals grouped together by some type of demographic, such as age, race, gender, or residence by geographical area. Measures of population health include incidence of diseases, death rates, and average life expectancy.

This study did not distinguish between individual health and population health. For the purposes of this study, health promotion campaigns have the aim of improving people's health, and therefore helping even just one person meets that goal. Individual and population health are inter-related because they influence each other; a healthy group is the collection of healthy individuals. In addition, individuals can be healthy because of others; for example, when the people around an individual are healthy, that individual is less likely to be exposed to disease. Another example is that when individuals spend time

with other people who exhibit healthy behaviors, the individuals can emulate those healthy behaviors.

This explication also included a review of different types of health. Physical health was included in this study's definition because it is part of the commonly accepted, biological definition of health, which includes, for example, the absence of illness (Merriam-Webster, 2010). Physical health, such as exercising, eating a balanced diet, and not being sick, is an important aspect of being healthy. Psychological health was also included in this study because a healthy person does not suffer greatly from a mental illness that adversely affects his or her personal well-being.

Health Promotion Campaigns

Promotion is one of what are called the "four P's" of marketing (McCarthy, 1960). The other three "P's" are product, price, and place. Products are anything that can be offered, such as a service or a program, to meet a want or need. Price is what consumers pay for a service or other product. Place is where the program or service is located. Those three aspects of marketing were not the focus of this research.

This study focused only on promotion, specifically in terms of *health promotion campaigns*, which were defined as: the practice of using campaigns intended to improve the physical and psychological well-being of a person or group of people

Health promotion campaigns are one aspect of health communication. In his classic article on research in mass-mediated health communication campaigns, Atkin (1980) wrote that health communication involves health-related persuasion strategies employed in mass media. However, today, health communication and coordinated

communication efforts that focus on health utilize a wide range of communication channels. In addition to public media, these include interactive media, including the Internet and wireless, controlled media, events, and one-on-one communication (Hallahan, 2001).

Other researchers have gone on to recognize health communication as being broad in nature. Zook (1994) defined health communication as: “The study of personal and sociocultural symbol usage for purposes of developing, maintaining, and adapting ontological health” (p. 367). Shiavo (2007) defined health communication as:

“a multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policymakers and the public to champion, introduce, adopt, or sustain a behavior, practice, or policy that will ultimately improve health outcomes” (p. 7).

Health communication is a complex field with multiple dimensions and specialties. To guide the focus of this study, the researcher, based on literature review, developed the following health communication typology:

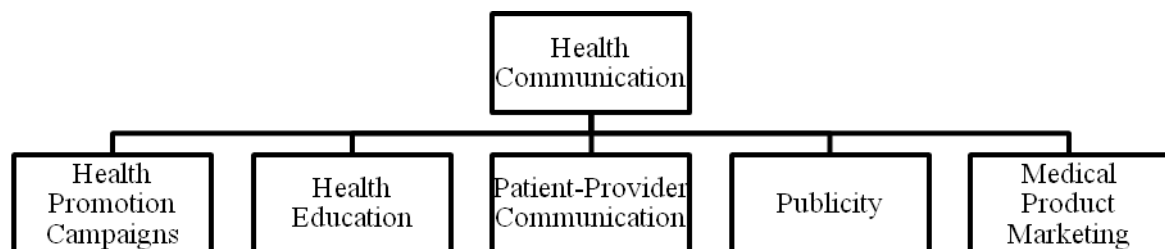


Figure 1.1
Health Communication Typology

As stated above, this study focused only on health promotion campaigns. It did not research the other aspects of health communication in this typology: health education, patient-provider communication, publicity, or medical product marketing.

Health education can be easily intermixed in conceptual terms with health promotion. In contrast to health promotion, however, health education is more instructional in nature. It can be a component of larger health promotion campaigns, although it is not a necessary element.

Health education disseminates information about diseases and treatments in an instructional manner. Educational classes, and other services such as support groups, often include instruction on how to prevent or treat an illness. In these cases information can be delivered directly through one-on-one communication or to a group. As opposed to some audiences of health promotion campaigns, the people who attend educational classes are likely already aware of or affected by the health problems they are going to study. For example, a class on healthy cooking for people with diabetes is likely heavily attended by patients with diabetes and/or their family members.

Like the other elements of health communication described in the typology above, health education can reasonably be part of larger health promotion campaign efforts, such as with demonstrations or medical testing. For instance, a community-wide campaign for dental health can include many different communication components, including an instructional booth at a health fair where experts show children how to properly brush and floss their teeth. For the purposes of this study, this narrower definition meant that instructors such as those for Lamaze classes or weight-loss programs, for example, were not interviewed. With that in mind, in this study health education was seen as occurring,

for example, when hospitals or health-related organizations provide instructor-led classes on health-related issues that were not part of an overarching health promotion campaign. The reason for this exclusion was to keep the focus on professionals who have knowledge of and/or use campaign promotion-centric strategies and tools, ranging from models of communication down to advertising development.

Patient-provider communication focuses on aspects of the relationship between communication and health care delivery, including the provision of services by health care professionals (Thompson, 2003, p. 91). It is “the defining transaction wherein medical care and the processes of consultation, examination, diagnosis, and treatment occur” (Thompson, 1998, p. 37). In this type of communication, doctors, nurse practitioners, and other medical professionals utilize one-on-one communication involving the diagnosis, treatment, and rehabilitation pertaining to a patient’s condition.

Publicity is a frequent function of health communication involving public relations (American Hospital Association, 1984; Rubright & MacDonald, 1981; Breckon, Harvey, & Lancaster, 1998). Publicity involves generating coverage in the news and entertainment portions of public media. Tactics include creating press releases and working with reporters and editors to disseminate information concerning newsworthy events involving a health provider organization. Examples include but are not limited to providing information about the treatment of patients involved in accidents or disasters, and providing information about the condition of prominent people who might be patients at a facility. Publicity can supplement public health campaigns, or it can be conducted without being part of a campaign.

Medical product marketing supports the sale of medical equipment, certain medical services, and pharmaceuticals (Sheaff, 1991). Medical product marketing can be undertaken by manufacturers or distributors of products or services and directed to the medical community or to the patients served. An example of the latter is direct-to-consumer (DTC) advertising of prescription pharmaceuticals, which can raise public awareness of particular maladies while encouraging members of the public to seek medical advice.

Health promotion campaigns, the focus of this study, were defined as: the practice of using campaigns intended to improve the physical and psychological well-being of a person or group of people. Health promotion campaigns, the focus of this study, differ from the other health communication specialties modeled earlier in this chapter.

Fries (1997) wrote that health promotion campaigns can, “motivate the individual to take personal actions which improve the likelihood of sustained good health and increase the appropriateness of use of medical services” (p.9). Freimuth (1993) wrote that health promotion is: “a movement that challenges the medicalization of health, stresses its social and economic aspects, and portrays health as central to a flourishing life” (p.509).

The World Health Organization (1986) presented a charter that defined health promotion as:

“the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being” (p.1).

Public communication campaigns can be defined in two major ways, according to Paisley (2001). The first is by the objectives of the campaign. This definition implies that change objectives, such as influencing the beliefs and behaviors of others, may be accomplished through campaigns. The second way to define public communication campaigns is by the methods employed, such as collateral materials or advertisements.

The unifying element of public communication campaigns, Paisley (2001) wrote, is that they promote reform, defined as “action that makes society or the lives of individuals better” (p.5). This was a key element in this study, because the health promotion practitioners interviewed were professionals whose work aimed to improve people’s health, and improved health can increase quality of life.

Health promotion campaigns can include a variety of strategies and tools, as well as varied uses of other types of health communication, including health education, patient-provider communication, publicity, and medical product marketing. Although those aspects can be incorporated in campaigns, they were not all required to be incorporated for the purposes of this study.

Health Promotion Organizations

Health promotion practitioners carry out campaigns in a variety of settings, including for-profit businesses and corporations, nonprofit organizations, government agencies, and hospitals. This study focused on the last three of those four types. For-profits were not included because they differ so greatly from the others in that a primary focus is to make money.

Nonprofits were defined as organizations that have an official nonprofit tax-exempt status. This standing was applicable because it shows that the organization is not working to gain profit in the same way that a corporation does. Nonprofits may use campaigns to inform and motivate others to work in support of the organizations' goals (Cutlip, Center, & Broom, 2006). Many nonprofits exist to promote a cause, and to do so, their functions can include education as a way to prompt action. Those actions could include adopting behaviors, changing public policy, and shaping societal values.

This study focused on the nonprofits that practice this type of communication in the form of health promotion, such as promoting healthy behaviors or prevention methods. Many nonprofit health organizations utilize this type of information as one way to fight specific illnesses; national organizations include the American Heart Association, the American Cancer Society, and the National Multiple Sclerosis Society (Wilcox, Ault, & Agee, 1998). The authors noted that the creation of educational materials that carry out this mission is especially important for health-related nonprofits.

Government organizations included, for this study, any agency that is part of government, be it federal, state, county, or city. Fostering citizen support for policies and programs, including personal health awareness campaigns, is one of the purposes that government entities of all levels share (Cutlip, Center, & Broom, 2006). Government agencies often have the mission to promote general welfare, and that can include addressing infectious diseases and other health threats to the populations they serve. When general welfare is good, economic and political stability are in place.

Hospitals were defined for this study as any type of acute or chronic health care facility, large or small. Hospital work is one of the largest in the field of health public

relations (Wilcox, Ault, & Agee, 1998). Hospital employees find that getting involved with the community brings tremendous value, according to the American Hospital Association (1984). This involvement can include efforts to inform people about such health issues as smoking cessation and dieting. Further, it benefits a hospital to have a presence in the community it serves. This not only gives the facility a good name, but supports its brand. Along with establishing its brand in the community, the hospital is also following a more modern medical emphasis: prevention rather than just treatment.

Directionality: One-Way and Two-Way Communication

A variety of communication concepts and theories can be applied to the implementation of health promotion programs.

Those theories include, but are not limited to: the health belief model (Rosenstock, 1960), the theory of reasoned action (Ajzen & Fishbein, 1980), social cognitive theory (Bandura, 1986, 1989, 2001), the extended parallel process model (Witte, 1992, 1994) the embedded behaviors model (Booth-Butterfield, 2003), the community readiness model (Oetting, Donnermeyer, Plested, Edwards, Kelly, & Beauvais, 1995; Donnermeyer, Plested, Edwards, Oetting, & Littlethunder, 1997; Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000), the stages of change model (Slater, 1999; Cho & Salmon, 2006) and the four models of public relations (Grunig & Hunt, 1984; Grunig, 1989; J. Grunig & L. Grunig, 1992).

This study included the two central elements used to define Grunig and colleagues' four models of public relations: directionality and balance. These elements were selected because they can help explain how health promotion is practiced, as

detailed in the research questions listed in Chapter 3. Directionality and balance describe ways that practitioners employ strategies and tools to develop, implement, and evaluate their campaigns, as well as plan future campaigns.

As described below, this study considers *interaction* between health promotion professionals and audiences to be the qualifier for demonstrating a *two-way flow* or direction of communication.

In large measure, mass communication research and practice – including news, advertising, publicity, and information campaigns – have focused only on the outbound portion of the communication process. Producer-oriented theories and research focus on how senders create messages to targeted audiences most effectively or efficiently. Conversely, audience-oriented research has largely dealt with psychological and other behavioral responses to messages; comparatively little attention has been paid to how audiences actually respond *directly* to media or how audiences respond directly to advertisers or organizations involved in creating public messages.

Most contemporary communication theories that address directionality as a topic view communication as a two-way process, according to Van Ruler (2003). Those theories state that communication is interactive and participatory at all levels and that all actors can be active and take initiative to not only receive and process information, but also produce messages.

One of the principal aims of this study was to learn more about the flow of communication between health promotion campaign producers and their audience members. Toward that goal, this study focused both on the two-way communication process as well as on concepts of one-way communication, particularly those described in

Grunig and Hunt's (1984) one-way versus two-way model of communication. The model describes one-way communication as flowing from the organization to its publics, and two-way communication as flowing both to and from audiences.

There are two basic views of the meaning of two-way communication, and, along with that, differing views of what "dialogue" means. The first view can be derived from the general concepts provided by Gonzalez-Herrero (1996), who stated that two-way communication involves dialogue, including negotiation, bargaining, conflict management, and shared meanings. Along those lines, Van Ruler (2003) stated that, in two-way communication, shared meanings are developed. Similarly, Johannesen (1975, p.63) identified several characteristics that can be part of dialogue. One was inclusion, which means trying to understand the perspectives of others involved in dialogue. Another characteristic was confirmation, which means addressing the value of everyone involved in the dialogue.

The second view of the meaning of two-way communication sees it in simpler terms, almost as more of a physical act. This view can in part be derived from Edelman's (2006) statement that two-way communication involves engaging audiences to talk and ask questions, which demonstrates a way of dealing with the audience "close up" (p.1). This view does not see shared meanings, or elements such as Johannesen's (1975) inclusion or confirmation in communication, as necessary aspects of a two-way flow.

Using a view of two-way communication similar to Edelman's (2006), this study considers *interaction* between health promotion professionals and audiences to be the qualifier for demonstrating a two-way flow of communication. In this conception of directionality, attempts at shared meanings between the two groups can be part of a two-

way flow but are not necessary. This study was conducted, then, with potential qualifiers of two-way communication including such activities as practitioners listening, holding discussions with, and asking questions of audience members.

Besides the above-mentioned examples of discussion-style interactions, this study also acknowledged other forms of the two-way flow, in part based on Thayer's (1968) definition of diachronic communication, which states that a new state of affairs is the goal for all of those involved. Thayer wrote that diachronic communication is a cooperative endeavor; this study held that the two-way flow can include non-conversational methods of taking into account the needs, concerns, and interests of others. One such method of two-way communication is conducting research for the purpose of evaluation. Evaluation is "the systematic application of research procedures to understand the conceptualization, design, implementation, and utility of interventions" (Valente, 2001, p.106).

The evaluation process includes different types of research. Formative research, which is conducted at the front end of a campaign, includes, but is not limited to, determining beliefs, barriers, and other elements through observation, in-depth interviews, and focus group discussions (Atkin & Freimuth, 2001). Process research is monitoring a campaign while in action (Valente, 2001); for example, collecting data on when, where, and for how long information about a campaign is disseminated. Summative research is conducted to measure the impact of a campaign (Valente, 2001). Summative research is often carried out using data collected before, during, and after a campaign. These findings can be shared with stakeholders in the form of meetings, reports, websites, papers, articles, etc.

One health campaign that used all of the research mentioned above was the “America Responds to AIDS” campaign, according to Nowak and Siska (1995). Formative research focused on identifying issues to be addressed in the campaign; this was accomplished through meetings with officials, structured questionnaires, unstructured telephone interviews, focus group discussions, and literature reviews. Another form of formative research used was copy testing, which included mall intercept interviews to assess the potential impact of a proposed public service announcement. Process research was also used to determine when, where, and how often campaign materials were being shown or utilized. Summative or effectiveness evaluation was conducted in the form of utilizing survey data. In addition, exploratory research, which investigates communication issues, was conducted. To do so, researchers tested recall of public service announcement-provided phone numbers. Some of these research efforts demonstrate one-way communication, such as literature reviews, and some demonstrate a two-way flow, such as focus group discussions.

Grunig and Hunt (1984) wrote that nearly all professionals in public relations conduct research. With this research, Grunig and Hunt wrote, professionals are often demonstrating one-way communication, such as in the following examples: checking for coverage in media outlets, counting attendance at campaign-related events, and doing readership studies (p.24).

For the purposes of this study, research remained in the category of one-way communication when it did not involve practitioner interaction with audience members. Examples of this were keeping track of attendance at an annual health fair to evaluate its success and tracking the results of press release submission. Research was categorized as

two-way communication, however, when it involved direct interaction with audience members, such as holding focus groups to gather feedback on proposed campaign material elements or having discussions with audience members about potential barriers to campaign success. These two-way efforts include gathering information on the needs, concerns, or interests of audience members.

The researcher was curious to learn how different types of organizations used direction in health promotion campaigns. It seemed possible that government agencies, for example, could use one-way strategies or tools frequently based on their role to inform people, a role which could encourage informational efforts but not necessarily audience interaction. Nonprofits, on the other hand, often have a community focus, which may possibly call for use of two-way communication.

Balance: Symmetrical and Asymmetrical Communication

For this study, *symmetry*, or balance, was defined as: communication that is balanced in that the organization and its publics have the capability to *influence* one another and are attempting to understand one another.

Balance is a concept that has been studied extensively in psychology and communication. The psychologist Heider (1958) defined a balanced state as: “a harmonious state, one in which the entities comprising the situation and the feelings about them fit together without stress” (p.180). Festinger (1957) focused on balance in terms of cognition, or the way people think. He wrote: “there is pressure to produce consonant relations among cognitions and to avoid and reduce dissonance” (p.9); he was using consonance as a word meaning balance.

Another way scholars and professionals have looked at balance is in terms of “asymmetry” and “symmetry.” When organizations practice symmetrical communication, each participant in the process is able to influence the other (Van Ruler, 2003, p.6). Symmetry occurs when the action of one person engaged in the communication affects the actions of the other person (Bateson, 1979). Also, according to Grunig (1992), organizations that practice symmetry may be persuaded by the actions of their publics to change the organization’s behavior, just as the organization’s publics might be influenced by the organization.

Balance relates to directionality, a concept that was described earlier in this chapter. It is important to note that, in one-way communication, the audience cannot influence health promotion practitioners because there is no flow through which interaction that would incite change can occur between the two entities. By definition, then, all one-way communications are unbalanced and are therefore asymmetrical. The complexity enters with two-way communications, which can be asymmetrical *or* symmetrical.

Asymmetry and symmetry: Grunig’s changing conceptions

When Grunig and Hunt (1984) set out with an early definition of symmetry, which has changed over time, they wrote that in two-way asymmetrical communication, the effects are balanced in favor of the organization. The organization does not change because of the communication; instead, it simply attempts to change the public’s attitudes and behaviors. At this time, the authors wrote that “two-way asymmetric practitioners

carefully plan what they communicate to publics to achieve maximum change in attitude and behavior” (p.23).

Grunig (1989) later argued that organizations practice symmetry or asymmetry based on presuppositions related to how those organizations and the people who manage them view the world. The presuppositions of those assuming an asymmetrical orientation include: The view that the organization knows best, and that publics would benefit from cooperating with the organization. Also, members of the organization have an internal orientation, meaning that they look out from the organization and do not see it as others do; information also flows out and not in. Efficiency and costs are more important than innovation. Change is undesirable, and tradition provides stability. Power is also concentrated in the hands of a few top managers (Grunig, 1989, p.32-33; see also J. Grunig and L. Grunig, 1992).

By contrast to two-way asymmetrical worldviews, presuppositions of organizations assuming a symmetrical worldview include: Communication leads to understanding (Grunig, 1989). Holism, interdependence, open systems, and moving equilibrium are key. Also, equality, autonomy, innovation, decentralization of management, taking responsibility, resolving conflict, and interest group liberalism are important (Grunig, 1989). J. Grunig and L. Grunig (1992) reiterated these points, adding that cooperation and mutual adjustment are preferred.

In 1992, J. Grunig and L. Grunig refined Grunig and Hunt’s (1984) definition of two-way symmetrical communication, by focusing on the word *understanding*; they wrote: “Unlike the two-way asymmetrical model, however, it [the two-way symmetrical model] uses research to facilitate understanding and communication rather than to

identify messages most likely to motivate or persuade publics. In the symmetrical model, understanding is the principal objective . . . rather than persuasion” (p.289).

Grunig (1992) also described symmetrical communication as “staying close” to customers, employees, and others. This means, he wrote, employing dialogue, negotiation, listening, and conflict management. The opposite – asymmetrical communication – uses persuasion, manipulation, and giving orders (p.231).

Similarly, Dozier, L. Grunig, and J. Grunig (1995) described asymmetrical communication as: “to manipulate publics to do as organizations want them to do” (p. 21). They identified the following as examples of symmetrical communication: “to negotiate and compromise, seeking win-win solutions to conflicts that build long-term relationships, benefiting both organizations and publics” (p.21).

In 2002, L. Grunig, J. Grunig, and Dozier wrote that, “to be symmetrical means that organizations have the worldview that . . . practitioners serve the interests of both sides of relationships while still advocating the interests of the organizations that employ them” (p.11).

Criticisms of Grunig’s conceptions

J. Grunig and colleagues have been subject to criticism for their use of asymmetrical and symmetrical as concepts throughout the years. One criticism of the two-way symmetrical model is rooted in Cameron’s contingency theory, which states that Grunig and colleagues’ models of public relations are too constraining to describe what actually occurs in the field (Cancel et. al, 1997). Cancel and colleagues instead stated that practitioners will practice public relations differently based on different situations; the

authors identified 87 variables that could influence practitioners' level of accommodation to publics.

Another criticism of symmetry was used with game theory. Murphy (1991) described the phenomenon of a mixed-motive "game" in which the goal is to reach equilibrium. According to game theorists, Murphy wrote, equilibrium is reached when each "player" in the "game" chooses to take actions that he or she will not regret, given the actions that the other players may take. In the end, both players will be locked into a situation in which they will both benefit, so they stay with the situation and do not change it, therefore ending conflict.

According to Murphy (1991), the symmetrical model represents a game of pure cooperation where one party always tries to accommodate the other. In contrast, asymmetry is like a zero-sum game, in which conflict dominates. Murphy wrote that public relations is more like a mixed-motive game, in which organizations try to maximize their own interests while also considering the interests of others. L. Grunig, J. Grunig, and Dozier (2002) responded, saying that, in fact, this mixed-motive model accurately describes the two-way symmetrical model (p.309) and dismissed Murphy's criticism.

Scope of this study

J. Grunig and colleagues have stated that symmetrical communication is ethically superior to asymmetrical communication and "provides a framework for socially responsible practices" (Dozier, L. Grunig, & J. Grunig, 1995, p.47). Pearson (1989) raised a related ethics issue by writing that "successful dialogue takes place only when

speakers treat each other as ends rather than means” (p.124). Pearson meant that people enter such a dialogue thinking of the listener as well as themselves, and they do not have special interests they intend to advance during that dialogue.

This study did not specifically attempt to determine whether asymmetrical or symmetrical communication is superior, but instead how the two strategies are used in health communication campaigns.

In this study, it was presumed that power-sharing is a potential aspect of symmetrical communication. However, equality in power was not a requirement for symmetry, because it was determined that balance and therefore symmetry can exist without complete equality of power. With that conceptualization in mind, the researcher focused on the idea of *audience influence* to determine the presence of symmetry.

Symmetry defined: communication that is balanced in that the organization and its publics have the capability to influence one another and are attempting to understand one another. When campaign activities discussed in this study did not meet these requirements for balance, the activities were defined as being *asymmetrical*.

Potential elements of symmetry for this study, then, started with talking, listening, research, and negotiation. Then, the key indicator of symmetry with these elements, as well as others, was whether such activities included cases in which the two-way communication between the audience and the practitioners led to change; that change was required to be the result of audience influence.

Role of research

As discussed earlier in this chapter, research efforts can reflect either one-way or two-way communication. If they flow one way, their balance is, by definition, asymmetrical. If the research efforts flow two ways, then they can be asymmetrical or symmetrical.

Two-way asymmetrical research efforts focus on maximizing campaign efforts, according to Grunig and Hunt (1984). Formative research efforts of this type focus on determining what kinds of messages the public will accept, or what kinds of messages will create the greatest behavioral change or behavioral intent (Grunig & Hunt, 1984). They will also conduct evaluative research to see if the campaign had any effects on attitudes and/or behavior.

Two-way symmetrical research has a different focus, according to Grunig and Hunt (1984). Formative efforts of this type include studying issues such as public understanding, public perceptions, and possible relationships or effects (Grunig & Hunt, 1984). Similarly, symmetrical evaluative research measures potential campaign effects on understandings between campaign managers and members of the public/audience members (Grunig & Hunt, 1984).

For the purposes of this study, research was considered to be two-way asymmetrical communication when it involved audience interaction, but that interaction did not influence the campaign. These efforts often have a more general focus of helping determine what type of campaign may work best, both in the development/formative and future development/evaluative stages. An example would be audience interactions that measure teenage car crash rates before and then after carrying out a campaign. Research

was categorized as two-way symmetrical communication when the data collection included some form of audience interaction that directly influenced the campaign or future related campaigns. An example would be changing the activity logging and rewards systems for an active lifestyles campaign to better incentivize participation.

The researcher was curious to learn how different types of organizations used balance in health promotion campaigns. It seemed that audience feedback received by government agencies, for example, have power to influence the way government officials, including those in the health area, work. It also seemed that symmetrical communication may be brought on by factors such as nonprofits in particular being reactive to influence by community members.

Summary of Key Terms

To summarize, this study defined *health* as: the psychological and physical well-being of a person or group of people.

The study focused on *health promotion campaigns*, an aspect of health communication that was defined as: the practice of using campaigns intended to improve the physical and psychological well-being of a person or group of people. These campaigns may, but are not required to, include other aspects of health communication, including health education, patient-provider communication, publicity, and medical product marketing.

Health promotion practitioners carry out campaigns in a variety of *settings*. This study focused on three of the principal types: nonprofits, government agencies, and hospitals.

In this study, direction was considered to carry a *two-way flow of communication* when *interaction* between health campaign practitioners and audiences occurred. In this conception of directionality, attempts at shared meanings between the two groups can be part of a two-way flow but are not necessary.

Finally, *symmetry* was defined as: communication that is balanced in that the organization and its publics have the capability to influence one another and are attempting to understand one another. The key indicator of symmetry was a change in a campaign based on *audience influence*.

CHAPTER 3: RESEARCH QUESTIONS AND METHODOLOGY

Research Questions

Based on the literature review and the definitions summarized at the end of Chapter 2, this study sought to investigate three principal research questions:

RQ1, Direction of communication: How do organizations practice one-way or two-way communication in health promotion campaigns?

This question was a key aspect of this research and sought to explore the ways that health promotion practitioners communicate. The researcher wanted to know if more organizations have created campaigns that flowed one way, such as those that are purely informative, or if more campaigns flowed two ways, such as those that involve audience interaction.

Directionality greatly shapes health promotion campaigns. For example, there is a significant difference between a campaign that seeks solely to inform the public and one that allows the audience to interact with the health promotion practitioner. Choosing between the two is an important step in the campaign development process.

RQ2, Balance of communication: How do the organizations practice asymmetrical or symmetrical communication in health promotion campaigns?

Like RQ1, this question was included as an exploration of health promotion practice and how it might differ across the three types of organizations included in the

study. This exploration is important because balance, which involves whether audiences have influence over organizations, strongly affects the nature of health promotion campaigns. Knowing more about the use of this element may help guide the development of campaigns in the future.

RQ3: How do practitioners think the three principal types of organizations apply principles of directionality and balance differently? In other words, compared to other organizations, do practitioners think that particular organizations (or their own organization compared to others in the category) engage in one-way versus two-way communication? In asymmetrical versus symmetrical communication? Why?

This question was included because it had the potential to reveal whether there were possible discrepancies between the study's results and the views of the practitioners. This information allows practitioners to compare their perceptions of other organizations with the reality. The researcher hoped this information would advance the field of health promotion by allowing practitioners to gain a better understanding of the field through learning about other organizations' strategies.

Method

In-depth interviews

The method chosen to explore these questions was semi-structured, in-depth interviews, which are a form of qualitative research. Creswell (1998) explained that qualitative research is:

“an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a

complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting” (p.15).

In-depth interviews are one of a variety of tools that allow a researcher to analyze human and organizational activities in a way that creates the complex, holistic picture that Creswell (1998) suggested.

Taylor and Bogdan (1984) wrote that in-depth interviews are appropriate under several circumstances. One is when the research interests are clear and well-defined. This study meets this criterion because the researcher identified specific research questions detailed earlier in this write-up. Another criterion Taylor and Bogdan identified is that people involved in the study (in the case of this study, interview participants) are not otherwise accessible. That issue fits with this research because it would be extremely difficult to observe practitioners in their work setting and answer all of the research questions given key considerations such as time constraints. In-depth interviews also are appropriate when there are time constraints and the research depends on a broad range of people (Taylor and Bogdan, 1984), issues which apply to this study.

Informants

The researcher conducted interviews with health campaign practitioners in each of the three following categories: nonprofit organizations, government agencies, and hospitals. The organizations included in the study all engage in health promotion, all were located in northern Colorado for consistency, and were all conveniently accessible. The interviews were conducted in person and were intended to provide the researcher with information about health promotion practice in the area where she planned to work after graduation.

Within those organizations, only employees who practiced health promotion were interviewed. To qualify for the study, the employees must have participated in the development and/or application of at least one health promotion campaign within that organization. This requirement assured each informant knew enough about at least one campaign to describe its characteristics, therefore contributing to this research.

Sampling

Participants were concentrated in northern Colorado and were selected through a combination of convenience and supplemental snowball sampling. Snowballing is a sampling method where initial informants are asked to give names of other potential informants. Snowball samples are probably the easiest way to build a pool of qualified informants in a highly specialized field, according to Taylor and Bogdan (1984).

Prospective practitioners were identified through research online to identify health promotion practitioners working for major health care organizations. Prospective practitioners were also identified through membership lists from related professional groups. Examples of such groups include, but were not limited to, the Northern Colorado Public Communicators and the Colorado Nonprofit Association. Filtering questions based on a guideline script (Appendix A) were asked to facilitate the screening process as well as to obtain commitment to the interviews. At the conclusion of the interviews, practitioners were asked to provide names of other health promotion practitioners. Those names were added to the list of potential informants, but were not necessarily contacted or interviewed.

Although the researcher anticipated the need for about 12 interviews, interviews were conducted until the point when the researcher believed the study to be comprehensive, which was 12 interviews. The goal was to acquire data from an equal or nearly-equal number of organizations for each type of organization featured in the study, and that goal was met.

Interview design

Before conducting the interviews, the researcher obtained approval of the study design from Colorado State University's Institutional Review Board.

The research procedure included several steps to protect the rights of informants. Before the interviews began, the researcher read a script that explained the purpose of the study, that participation was voluntary, and that there were no known risks for participation. Each informant was then given an informed consent form (Appendix B) in person before the interviews started. The form began by stating that participation was voluntary, that the informant could skip any question he or she would rather not answer, that the interview could be stopped at any time, and that risks were deemed to be no greater than those that would be encountered in the participants' everyday business activities, if practitioners were asked to discuss their work or the professional strategies of their departments or organizations. The consent form explained the goals of the research and what to expect in the interviews.

Because of the professional nature of the issues discussed, participants were given the option of having their names and/or organizations remain confidential using a check-off system on the informed consent form. All participants but one checked that they

willingly gave permission for their names, job titles, and affiliations to be stated in this study. The other participant specified use of only job title and affiliation and requested generalized references to both, which the researcher agreed to grant. Data collection was not anonymous because of the researcher's aim of linking responses to organization type.

Then interviewees were asked permission to have each session tape recorded to assure the accuracy of the resulting transcription and help keep better track of what was said. All interviewees granted that permission. Although recording devices can make people feel self-conscious, most people understand that using them is a practical aspect of research (Taylor & Bogdan, 1984).

Interview procedure

One advantage of using semi-structured interviews in research is that they are flexible; for example, researchers can probe informants for more information through follow questions (Damon & Holloway, 2002). The informants also have the freedom to answer slowly and deliberately or quickly, depending on their personalities and ways of thinking.

Many qualitative interviews are unstructured (Damon & Holloway, 2002). This allows the interview to be adapted to varied situations. Berg (1989) identified this type of interview as a semistandard interview. This type of interview includes an "interview guide" that includes questions which lead the interview, but the questions are not necessarily asked in the listed order. The purpose of the guide is to ensure that similar data is collected across data collection (Damon & Holloway, 2002).

The semi-structured format thus allowed for flexibility, such as short diversions in the conversation if deemed useful, but an interview guide (Appendix C) helped the researcher focus on covering the same topics with all informants.

The semi-structured interview guide included major questions with several follow-up questions depending on how the informant responded. The interviewer began by asking the informant about his or her principal responsibilities in his or her position. The informant was then asked to describe a campaign fitting the definition of health promotion that he or she deemed successful. After the campaign was described, the topic of directionality was introduced by asking about the successful campaign and whether it included audience interaction. After discussion of directionality was complete, the researcher asked informants about balance, which was measured by audience influence, by referring to the same successful campaign. Questions about additional campaigns were introduced as needed. Informants were asked about other types of organizations as well as organizations of their own type in reference to audience interaction and influence, generally toward the end of interviews as suggested in the interview guide.

The data collection process was preceded with pre-testing. The researcher identified an informant who would qualify for the actual study and conducted an interview with that informant based on the procedures for the study. The informant worked for a regional nonprofit health system and was selected because of convenience of location and also because the researcher believed that other practitioners from the health system could also be used for the actual study. The pre-test was included as a way to test the interview guide, which was not changed afterward because the pre-test interview provided the information the researcher wanted and was therefore deemed

adequate. Because the pre-test interview itself was deemed useful, it was included as part of the findings along with the interviews that took place later.

Interviews were arranged in advance by phone and/or e-mail based on the screening procedure. The interviews were conducted at the location the informants stated they preferred, which in all cases was either a coffee shop or the informant's place of work.

Upon arrival at the interview location, the researcher introduced herself. The researcher then presented the consent form to the informant to sign. After the form was signed, the researcher started asking questions based on the interview guide, while taking notes. The first interview was recorded by tape only; the rest were recorded both on tape and digitally, because the researcher wanted to ensure that the interviews were successfully recorded for purposes such as transcribing and archiving.

At the conclusion of each interview, the researcher thanked the informant and asked if he or she had any additional insights or thoughts. The researcher also obtained, or asked if she could later obtain, any printed materials, website addresses, or other information related to campaigns the informant discussed. The researcher later reviewed some of those materials to learn about details of interviewees' campaigns. Also, the researcher asked for the informant's business card and asked if it would be acceptable to contact the informant with additional questions. The informant was offered a copy of the final thesis report. In addition, the researcher asked for the names and, if available, the contact information for other health promotion practitioners, as a way to further the snowball sampling method previously discussed.

Data analysis

Responses were transcribed, then coded, which is a set of procedures generally accepted for analyzing interviews and other qualitative evidence (Daymon & Holloway, 2002; Taylor & Bogdan, 1984). According to those four authors, qualitative data analysis involves rigorous data reduction and interpretation, wherein researchers use coding and summarization to create simplified patterns. Interpretation means bringing meaning into the study using generated concepts that explain the findings.

Taylor and Bogdan (1984) identified a series of steps in working with interview data “directed toward developing an in-depth understanding of the settings or people under study” (p.129). The researcher used these steps to guide her data analysis procedures.

The first step Taylor and Bogdan (1984) identified is “discovery.” Using the guidelines of this step, the researcher read over the transcriptions multiple times while identifying data, themes, and other relevant information. Another part of Taylor and Bogdan’s discovery step is to read relevant literature, something that, in this study, the researcher did at the beginning of the study and detailed earlier.

The second major step, coding, is a way of developing and refining interpretations of the data (Taylor & Bogdan, 1984). Coding started after the transcriptions had been read thoroughly and the researcher was fully immersed in it. To start this step, the researcher established categories of themes, concepts, and other similar study elements. The researcher then developed major categories, some of which overlapped and were reduced. Then all of the data were coded. During this process, the coding scheme’s

categories were refined, and data left out of the analysis was identified as such or, if needed, reclassified.

Profile of participants

A total of 13 participants were interviewed. The findings in this report are based on 12 of those interviews; the researcher omitted one interview with a Weld County Department of Health & Environment employee because his work did not closely enough match the study-qualifying requirements outlined earlier in this chapter.

Of the 12 participants three worked for hospitals, four worked for nonprofit organizations, and five worked for government agencies. The participants' offices were all based in the Colorado cities of Fort Collins or Greeley.

Table 3.1
Profile of Hospital Participants

Name	Affiliation	Job Title
Laurie Zenner	Poudre Valley Health System	Healthy Kids Club Manager
Janet Werst	Poudre Valley Health System	Injury Prevention Coordinator
(Informant requested that name be kept confidential)	A regional nonprofit health system (Informant requested this generalized reference)	Marketing Manager (Informant requested this generalized reference)

Laurie Zenner had managed the Healthy Kids Club community outreach program for 10 years; her previous role with Poudre Valley Health System was performing marketing duties for eight years in the area of occupational health services. Most of her professional experience was in marketing roles. She also taught high school and held a degree in education. She said her educational and marketing backgrounds

combined helped get Healthy Kids Club established and earn a good reputation in the community.

Janet Werst coordinated campaigns to promote injury prevention for three years; in her previous role with Poudre Valley Health System, she was a car seat technician. Before that, she worked with the American Red Cross, where she held roles teaching first aid, managing disaster services, providing services for the armed forces, and running health and safety programs. She earned a bachelor's degree in education and was an elementary school teacher for several years.

The **marketing manager's** work at the health system focused on cancer and trauma campaigns. Before that, her experience focused on physician education in the area of oncology, including creating educational materials for physicians and nurses that were often sponsored by medical associations. Those sponsorships were sometimes related to pharmaceutical sales, so she also worked with pharmaceutical companies as clients to create materials for sales personnel to distribute.

Table 3.2
Profile of Nonprofit Participants

Name	Affiliation	Job Title
Kim Sharpe	Healthier Communities Coalition of Larimer County	Coordinator
Gretchen Emick	NCAP (Northern Colorado AIDS Project)	Case Manager & Prevention Specialist
Scoot Crandall	TEAM Fort Collins	Executive Director
Richard Cox	Health District of Northern Larimer County	Communications Director

Kim Sharpe coordinated programs to promote the health of children throughout Larimer County; she previously worked for 18 years in public relations for a national

nonprofit education policy organization. She had also performed freelance communications work, such as magazine writing and events promotion. Sharpe brought her wide range of roles in media, public relations and journalism, along with publication design skills, to her position with the coalition, where she was the only full-time employee.

Gretchen Emick split her time between case management and prevention programs; this research focused on her work in the latter role because the prevention programs involved health promotion campaign development and implementation, while the case management role generally did not. She was a previous volunteer for NCAP while completing her undergraduate studies at Colorado State University, where she earned a bachelor's degree in social work.

Scoot Crandall provided oversight for TEAM and its youth and teen programs. Before that he was an elementary school teacher and also a counselor for nearly 30 years. He had been working at TEAM for five years when interviewed for this study. He mentioned that because he was a former teacher, he did not come to TEAM with any business-related experience (managing staff, financials, etc.).

Richard Cox directed a range of communications efforts at the district. In his past he did media relations for a 1,000-bed hospital in Southern California for four years. He also was a senior public information officer for the University of Southern California's School of Medicine for four years. He did freelance medical writing before moving to Colorado and starting at the district.

Table 3.3
Profile of Government Participants

Name	Affiliation	Job Title
Griselda Still	Weld County Department of Public Health & Environment	Health Education Specialist
Kelly Imus	Weld County Department of Public Health & Environment	Worksite Wellness Coordinator, Drive Safe Weld County Coordinator
Deirdre Sullivan	Larimer County Department of Health & Environment	Health Educator
Jane Viste	Larimer County Department of Health & Environment	Public Health Information Officer
Kristin Kirkpatrick	City of Fort Collins Department of Transportation Planning	Transportation Planner, Safe Routes to School Coordinator

Griselda Still had worked for Weld County for nearly eight years at the time of her interview, which focused on her work in a Weld County abstinence education program for teenagers. Previously, she coordinated a women’s diabetes awareness campaign and worked as a tobacco cessation specialist for the county. Following the interview, she expected to work on a healthy heart campaign for women.

Kelly Imus had worked on worksite wellness programs and planned to do work on safe driving; previously for Weld County she worked in diabetes awareness. Before that she was a diet technician/clinical nutrition manager in long-term care facilities, such as nursing homes. She studied community health at the University of Northern Colorado and had a longtime interest in many aspects of health, especially diet and nutrition.

Deirdre Sullivan worked in tobacco prevention programs for youth, tobacco cessation, and secondhand smoke education for Larimer County. Previously she worked for TEAM Fort Collins in the position informant Scoot Crandall held at the time of his interview. Before that she was a medical social worker, but she struggled with working

for the for-profit health care industry, which spurred her move into the nonprofit sector. She had a degree in human development and family studies.

Jane Viste carried out a variety of health communication and health promotion roles for Larimer County. She had been a nurse for 13 years and saw the need for a bachelor's degree to advance to a higher position. She went to the University of Wisconsin but changed her studies from nursing and instead got a B.A. in journalism and communications, in which she focused on public relations and health. After graduation she did community relations for a large hospital in Madison, Wisconsin, and then later moved on to earn a master's in public health in Minneapolis. After that she worked for March of Dimes and United Way before starting at Larimer County.

Kristin Kirkpatrick's role as a transportation planner for the City of Fort Collins included outreach to encourage healthy behaviors such as walking to school. Previously she was involved in transportation planning for health at the Tri-County Health Department. She had worked in clinical health care, in a community health office and in obesity prevention research at the Center for Human Nutrition. She had also done community health work through a nonprofit AmeriCorps program. Following the interview she was planning to move into a different role in Loveland, Colorado, focused in obesity prevention.

CHAPTER 4: FINDINGS

RQ1: Direction of Communication

RQ1 investigated whether informants' employer organizations engaged in health promotion campaigns using one-way or two-way communication. The following describes the results of these interviews in reference to RQ1.

Laurie Zenner, Poudre Valley Health System. The interview with Zenner focused on her work with a campaign called the Schools on the Move Challenge, in which she utilized both one-way and two-way communication.

Zenner engaged in one-way communication in the form of formative research during the campaign development stage, including studying the following: potential federal legislation that pushes schools to stress academic performance over physical education, statistics on childhood obesity, and learning about general barriers in school systems that prevent students from getting enough exercise. Those research efforts demonstrate one-way communication because they did not involve audience interaction. Zenner also used one-way efforts after the campaign when she collected data, such as program participation rates, as a measure of the campaign's effectiveness and utility.

Zenner, a former high school teacher, also did formative research using two-way communication, by asking and listening to local physical education teachers about what has held them back from keeping students more active and what types of campaigns they think would be feasible.

“With something on this scale, too, you can’t just say, ‘Okay, here’s something really cool,’ and hope it works and make it hard on the schools. So one of our goals with everything we do is to really run it by them initially and say, ‘Is this something you’d be excited about? Is this something that you think would be a good thing for your kids?’ ” Zenner said.

After the campaign ended, Zenner used two-way communication by conducting evaluations and requesting and receiving feedback from teachers as well as parents.

Janet Werst, Poudre Valley Health System. Werst used both one-way and two-way communication in her injury prevention campaigns. One-way communication tools Werst has used included paying for advertising to promote event attendance as well as to spread campaign messages.

Another form of one-way research communication Werst used was studying data sets such as injury and death rates in the region as a way to determine which prevention efforts should be her focus. Similarly, she has also used summative research on injury and death rates after campaigns were over.

Werst’s use of two-way communication focused on interaction with audience members in a learning capacity during campaigns. For example, when she coordinated a booster seat event, she spent explaining the need for booster seats with parents who attended and responding to their questions. As a parent and former car seat technician, this worked well for her.

“On the local level we are out there in the communities where the parents and children are,” Werst said. She said that type of interaction is important. “We will demonstrate. We are very hands-on with the parents.”

Werst also did two-way communication via post-campaign evaluations in which she requested comments and also via discussions with audience members to gather feedback.

Additionally, Werst has conducted community health surveys every three years to gather information on what types of programs would interest potential audience members. The surveys reflected the use of two-way communication because they gave potential audience members of future campaigns the ability to provide feedback on what they saw as community issues or needs, therefore facilitating audience interaction.

Marketing Manager, regional nonprofit health system. The marketing manager, who conducted campaigns in both the cancer and trauma issue areas, spent more time working on cancer campaigns. Because the interview focus was on her work on cancer issues, this study focused on the informant's work in a campaign that invited cancer patients to record videos about their experiences. The health system had the potential to use the videos for various marketing efforts, and the videos also served as a way to help patients work through their experiences emotionally. The marketer identified one main form of one-way communication in this work, which was using paid advertising to seek participants.

In the interview, the marketer discussed using numerous forms of two-way communication in the campaign. Before starting this campaign, the marketer utilized formative research to develop it. This included meeting with health system oncology physicians to ask for messaging ideas. She also requested feedback while conducting summative, or post-campaign, research by sending surveys out to campaign participants.

The surveys included questions asking participants for ideas on how to improve the campaign in the future.

The marketing manager also held conversations with campaign participants during the recording processes. For example, she showed patients a list of questions she planned to ask during videotaping and requested their feedback on which ones they wanted to discuss.

Kim Sharpe, Healthier Communities Coalition of Larimer County. Sharpe's interview included a focused discussion of the family and youth summit she has organized, which involved the use of both one-way and two-way communication.

One-way tools included development and submission/distribution of news releases, posters, advertisements, "save the date" postcards, and flyers. Subsequently, she used two-way communication in relation to those initial efforts by asking people who attended the summit how they learned about the event. Similarly, Sharpe utilized a two-way communication tool when she offered questionnaires to attendees asking for their input and feedback on the event.

Sharpe also has used two-way communication when developing her organization's strategic plan and doing other organization-level planning. She utilized online surveys and conducted discussion groups throughout Larimer County, Colorado, to listen and gather feedback on her organization's programs.

"It was important for us to gather that information because we needed to know from the people that we serve where we were being effective," she said. "We wanted to make sure that our work was as useful and valuable to our clients as possible."

To carry out that organizational focus, Sharpe also maintained regular, informal contact with clients through one-on-one meetings and conversations, which exemplify the two-way flow of communication.

Gretchen Emick, Northern Colorado AIDS Project. Emick has primarily used one-way communication to reach the goal of many of her campaigns, which is having people come into the NCAP's office for HIV testing. Once this happens, communications become two way if and when clients at the clinic ask questions from staff at Emick's organization and conversations ensue.

Emick discussed using a one-way communication strategy through the use of research in campaign development. This research has involved learning about the general barriers preventing people from getting tested for HIV and the barriers HIV patients can face in going to get treatment.

Emick's campaigns include attending and staffing a booth at events in such locations as the Colorado State University campus in Fort Collins, Colorado. This booth work primarily involves a one-way communication strategy because Emick spends her time disseminating information via tools such as brochures, poster displays and other handouts such as vouchers for free or reduced-cost HIV testing. The vouchers have proven to be a very effective tool of one-way communication, according to Emick.

"We had a lot of people come in with those vouchers who probably wouldn't have normally come in," she said.

Staffing a booth has, in the past, evolved into involving two-way communication when booth visitors asked staff questions and dialogue ensued. Emick said further two-way communication can occur if booth visitors go into the organization's office after a

referral. Then dialogue takes place in a more private setting, where clients can ask questions and receive answers.

Scoot Crandall, TEAM Fort Collins. The majority of Crandall's campaign work involves social norming, a campaign development strategy which focuses on using data and statistics and sharing that information with audience members, who may have a different perception of that data and those statistics. The theory behind social norming is that people may change their behaviors when they see data about what is actually happening, based on the social construction of reality (Berger & Luckmann, 1966).

Crandall has utilized one-way communication in his campaigns with promotional tools such as posters, apparel, water bottles, and websites. For example, he used some of these methods for a campaign on teenagers and drinking and driving.

"We were able to promote a healthy behavior ... simply by reflecting back to the norm of what they were actually doing, and over the course of that time, and I think even still today, there hasn't been a drinking/driving related accident at the high school," he said.

Crandall also used two-way communication strategies in his social norm campaigns. Many of these efforts included conducting research to evaluate the campaigns he did, including formative, process, and summative research. Much of this research was the basis for social norming, because Crandall gathered campaign-specific data, such as student perceptions toward their high school and fellow students' attitudes and behaviors, then used the data to shape and evaluate the campaign.

He also used focus groups to involve audience members in varying levels of campaign development, creating room for the two-way flow of information via dialogue and feedback.

Richard Cox, Health District of Northern Larimer County. With a campaign on smoking cessation, Cox used two-way communication by conducting health surveys to gather information on the community. He used the information from the surveys to develop a targeted campaign rather than a longer-term sustained one, in this case meaning that the primary goal was to disseminate information using the one-way flow. He said this was a way to move audience members further along what he called a “continuum of change,” which was meant to encourage smokers who are somewhat interested in quitting to instead actually quit – therefore pushing them up to a more advanced stage. This reflected use of the stages of change model (Slater, 1999; Cho & Salmon, 2006).

“Getting the word out to people who are, perhaps, actively searching for a resource to help them, that’s by and large my strategy rather than engage in a more multifaceted social marketing campaign,” Cox said.

Cox utilized two-way communication strategies in a campaign for workplace issues and depression in males. He did formative research through pilot testing with the city government of Fort Collins and gathered feedback. He learned that the workplace setting was perhaps not ideal for targeting depression in a specific gender.

“The feedback we got from the city [government] of Fort Collins, and from other companies that we approached was, ‘It ain’t gonna work,’ ” Cox said. Based on that feedback, he decided to continue with the general campaign concept, but incorporated both genders, targeting men when appropriate by using specific messages and materials.

Cox said he has used focus groups and therefore two-way communication in other work, including campaigns on nutrition and exercise, as well as to garner feedback about his organization's website and newsletter.

Griselda Still, Weld County Department of Health & Environment. Most of the interview with Still focused on her work for a faith-based campaign targeting teenagers to promote what she called purity, meaning abstinence or not having sex before marriage.

One-way communications tools Still used included posters and flyers. However, she referred to the purity campaign as “grassroots” because of her use of focus groups; therefore, she explained using two-way communication strategies frequently. She used two-way informal focus group studies in which she asked and listened to teenagers about elements that could be used in the program and what would interest them.

“You start talking to kids and learning from them what interests them, what piques their curiosity about the program. And what would make them come back,” Still said.

The program, once developed and implemented, also included group discussions among campaign leaders and the audience members, another use of two-way communication. And Still asked teenagers to submit sketches and ideas for the campaign.

Pre- and post-campaign evaluations from audience members, which flowed two ways, were also used.

Kelly Imus, Weld County Department of Health & Environment. Through her personal experiences, Imus said, she learned that it is important to be aware of any cultural and language differences between different audiences, so for a diabetes campaign

she did, she gathered a group of women representative of the target audience and asked for their advice on how to shape the campaign, an action that demonstrates two-way communication.

Imus also used one-way communication tools for that campaign, which focused on diabetes awareness for Hispanic women, by utilizing state government resources, including publicity materials, available for campaigns that target Hispanics.

She has also developed commercials, a tool with a one-way flow, for a campaign targeting children as the audience.

A one-way communication strategy Imus used included a “challenge” campaign that offered a website for audience members to use as a way to track healthy behaviors.

Imus said her organization does sometimes use two-way communication in terms of evaluation. This effort isn’t always easy, she said, but she will continue to find better ways to meet this goal.

“Developing some type of way to evaluate your campaign other than just the number of people that show up for an event would be good,” Imus said.

Deirdre Sullivan, Larimer County Department of Health & Environment.

The interview with Sullivan focused on a campaign to change the public smoking policy in the city of Fort Collins. For this campaign, Sullivan used one-way communication tools, such as letters to the editor, columns, and editorials to spread campaign messages, including calls to action encouraging people to attend city council meetings and speak. Sullivan also used paid one-way communication tools such as advertising to move the campaign forward.

One circumstance Sullivan cited for using one-way communication was when her job, and therefore her assigned strategy, is to simply pass on materials from state government for a campaign but is not necessarily to gather feedback from the local target audience.

For the smoking policy campaign, Sullivan utilized two-way communication by conducting a variety of interviews that she called “assessments” to garner feedback on what the focus of the campaign should be. This work reflects use of the community readiness model (Oetting, Donnermeyer, Plested, Edwards, Kelly, & Beauvais, 1995; Donnermeyer, Plested, Edwards, Oetting, & Littlethunder, 1997; Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000). For Sullivan, the feedback revealed that a strong focus would be smoking as a workplace health issue for employees in the food and beverage service industry.

“That’s one of the things that I’ve learned from doing this work is how critical it is to do assessments before you develop your campaign because your marketing, and your promotion, and your message have to reflect what you learn in those assessments,” she said.

Jane Viste, Larimer County Department of Health & Environment. For one campaign, Viste staffed a booth to promote West Nile Virus education as a volunteer for the health department before she started her job there; the booth led to both one-way and two-way communication. After starting the job, Viste made the campaign more interactive and therefore used additional two-way communication by attending a local event and offering insect repellent to passers-by during peak mosquito hours.

“That was a successful campaign reminding people and it was great because it triggered in them, ‘Oh, that’s right, it’s West Nile season,’ ” Viste said.

Throughout the interview, Viste frequently spoke to the need for resources to conduct research, which she said she felt is important. Research can be a form of one-way or two-way communication and also offers the potential for symmetrical communication when it does flow two ways.

Even when there is a lack of resources, Viste said she prefers to use two-way communication when feasible, whether for research or other efforts. For example, if someone e-mails her with a comment about the health department’s website, she will keep that person’s contact information for possible future evaluation efforts of that site.

Kristin Kirkpatrick, City of Fort Collins Department of Transportation

Planning. The interview with Kirkpatrick focused primarily on her work on a campaign called Safe Routes to School, which promoted healthy behaviors for children and sometimes their parents such as walking and biking to school. For this campaign, Kirkpatrick utilized a two-way communication strategy with a task force of audience members, including school officials and parents. She also worked to gather feedback and conduct discussions with audience members by attending school meetings that parents attend.

The campaign included the use of one-way communication tools such as flyers, websites, newsletters, media relations, and public service announcements. Kirkpatrick also did classroom and assembly-style presentations, offered giveaways such as bike lights, and organized a helmet discount program, all actions that reflect one-way communication.

Kirkpatrick also said that her agency works to gather two-way feedback for all activities conducted. “Everything that we do, whether it’s a nutrition class or classes about the hospital – any community outreach, there’s always a survey attached. And I know that we take that feedback seriously,” she said.

RQ2: Balance of Communication

RQ2 investigated how the organizations included in this study practice symmetrical or asymmetrical communication in health promotion campaigns. The following describes the results of these interviews in reference to RQ2.

Laurie Zenner, Poudre Valley Health System. Zenner discussed using a mix of asymmetrical and symmetrical communication. Her one-way, and therefore asymmetrical, forms of communication included researching legislation, learning about influences that lead to reductions in student physical education programs, and researching general statistics on childhood obesity rates. Zenner’s collection of data on program participation rates also flowed one way.

Zenner, a former teacher, used two-way symmetrical communication strategies through her work with teachers, especially physical education teachers. They have helped Zenner develop the Schools on the Move Challenge to make sure it’s feasible for schools to carry out.

Post-campaign evaluations have been Zenner’s main effort for gathering this feedback and then making changes to Schools on the Move. In these evaluations, Zenner has requested general as well as detailed feedback on the campaign and its logistics, as well as what would improve it. She has used the information she gathered to make

students' activity logs easier to fill out as well as add to flexibility to the prize reward structure for the winning schools.

“I think we just try to accumulate what we get as far as the feedback goes, and when there are common themes we say, ‘Okay, let’s take a look at this and figure out how to change,’ ” Zenner said.

Janet Werst, Poudre Valley Health System. Werst used a mix of asymmetrical and symmetrical communication.

Her one-way, and therefore asymmetrical, communication tools included purchased advertising. Werst also discussed using one-way communication in research. She researched injury and death rates, and she also reviewed other campaigns, including those outside of her organization, to see how effective they were and whether they could apply to her work in Colorado.

Werst’s use of two-way symmetrical communication strategies focused around partnerships and the utilization of audience groups to develop and pass on her campaign messages. For example, in a safe driving campaign for teenagers, Werst organized a group of teenagers – actual audience members – to create their own advertising for the campaign and also pass the campaign’s message on to other audience members themselves. This allowed for further interaction (two-way communication) involving the campaign while also increasing the amount of audience influence on the campaign.

Werst has used campaign evaluations in ways that exemplify two-way symmetrical communication. For example, in teenager-focused programs she learned that students did not want “to be lectured” as much as learn about issues that were not as familiar to them. “We changed it to be more hands-on and interactive,” she said. Werst

said she also worked with coworkers to review audience evaluations and develop changes, including small ones, to help make programs more effective for specific audiences.

Marketing Manager, regional nonprofit health system. The marketer's cancer story campaign work that flowed one way and was therefore asymmetrical included the use of paid advertising.

The marketer conducted formative research that demonstrated two-way symmetrical communication strategy use by visiting with oncology physicians to gather their thoughts on what type of campaign would be useful based on what the physicians have seen when working with patients.

Another example of two-way symmetrical communication discussed was that the marketer surveyed patients who had been interviewed for the campaign afterward to learn about their experiences. The marketer then made changes to the interview setup and questions themselves in response to that feedback.

"Because some of the feedback – and I pointedly asked, what did you think of the setting, would you prefer something small or larger, hotel or whatever. And people were like, yeah, the room wasn't so great and over that year period, we moved to a new office, where I could record in just two small conference spaces," which made the interviewees more comfortable, the marketer said.

Kim Sharpe, Healthier Communities Coalition of Larimer County. Sharpe's pre-summit campaign one-way, and therefore asymmetrical, communication efforts included developing and distributing tools such as advertising, press releases, and posters.

Sharpe has also used two-way symmetrical communication for the summit. She changed the event every year of her involvement based on feedback she received from audience members. For example, she heard that it was hard for parents to persuade their children to attend the event on a weekend. Sharpe changed the day of the program and continued to make changes during subsequent years to make the event more intriguing for family members of varied ages to attend.

Sharpe's organization has also altered its strategic plan and created new tools for clients based on audience feedback, such as an online database, an effort that demonstrates two-way symmetrical communication.

"That's a huge project that came out of listening to what people said and then acting on that," she said.

Gretchen Emick, Northern Colorado AIDS Project. Emick's one-way, and therefore asymmetrical, efforts have included researching barriers to HIV testing and treatment and passing out brochures at informational booths.

Emick's two-way communication efforts demonstrate both asymmetrical and symmetrical communication. Her asymmetrical efforts happened when she is at booths and events and answering questions and engaging in conversations with audience members. These conversations have not always incited change in the campaigns, making them asymmetrical.

Emick's two-way symmetrical communication efforts included making changes to an injection-drug user program based on clients' feedback. She added an element to the program in which clients can receive kits with clean needles, and she added a food bank; both were based on requests from the clients.

NCAP staff members have additional ideas for programs that would end up involving two-way symmetrical communication strategies, such as working more closely with injection-drug users and youth, but resources are an issue, Emick said.

“We can only do so much, so we tend to do a lot of the little things rather than the big, huge things,” she said.

Scoot Crandall, TEAM Fort Collins. Crandall’s one-way, and therefore asymmetrical, use of communication has included using tools such as posters and campaign-related promotional giveaways.

Formative research that demonstrates two-way symmetrical communication strategies includes Crandall’s site visits to learn about communities’ needs. Crandall, a former teacher, talked to teenagers and adults to learn about issues, and the issues identified influenced campaign development. For example, Crandall was going to use text messaging as a tool in one campaign but found through conversations with audience members that cell phone service wasn’t adequate enough in that location, so he changed to another tool.

Crandall also described using two-way symmetrical communication through student focus groups to develop campaigns. He defined these programs, especially ones where the focus groups identify the general campaign focus, as “student-led” programs.

“We don’t want to target an issue in terms of health promotion that’s not an issue for the targeted audience,” Crandall said. Also, “We could promote all kinds of healthy behavior to that group and they wouldn’t care, because there wasn’t a sense of connection.”

Richard Cox, Health District of Northern Larimer County. Cox discussed using one-way, and therefore asymmetrical, communication for aspects of the smoking cessation campaign when he focused on disseminating information to people who were interested in quitting smoking.

Cox cited frequent use of focus groups and similar two-way symmetrical methods of gathering feedback that he has used to change his campaigns. For example, with the weight loss program Cox discussed, he changed advertising and photographs within those advertising materials based on focus group members' feedback.

"Literally the feedback that we got from that ... the two ads that we started running that came out after that, the images, the language, they all came out of the focus groups," Cox said.

He has also used similar feedback for the male depression awareness program as well as his organization's website to make changes, demonstrating two-way symmetrical communication.

Griselda Still, Weld County Department of Health & Environment. Still primarily discussed using two-way symmetrical communication. During the campaign's focus group sessions with teenagers, Still heard that sexually transmitted diseases and pregnancy – the main focus of many abstinence campaigns other organizations have implemented – were not the only concerns her target audience had. The teenagers also identified concerns about emotional consequences associated with sexual behaviors. Still developed the purity campaign around that idea by basing messages for media, promotional tools such as posters, and discussions with the audience around it, therefore using two-way symmetrical communication.

For example, when she was coming up with slogans for the program, Still heard from participating boys that they didn't like the idea of being called "purity princes," a term which Still had planned to use. With their input the slogan changed to "honorable knights."

"What I've learned is that you should always probably have anybody that you're creating media for ... to go through your stuff and give you input. Or from the beginning give you some ideas as to what's appealing to them," Still said.

Similarly, Still used two-way symmetrical communication when she changed the purity campaign strategy after hearing from teenagers that media affected their perception of how many young people were having sex, a perception that deviated from real-life statistics.

Although symmetrical communication was key to campaign development, Still used some of the ideas she gained for use in one-way asymmetrical communication tools such as posters, flyers, and other promotional items. The audience interaction influenced the campaign, from larger two-way strategies down to how one-way tools such as posters were developed.

Kelly Imus, Weld County Department of Health & Environment. Imus said she used one-way, and therefore asymmetrical, communication tools in some of her campaigns, including creating commercials as well as using public service announcements that had already been created by state employees.

Imus used two-way symmetrical communication through feedback she received from the Hispanic women's focus group for the diabetes campaign. The women told her that they often don't take their own health into consideration because they are too busy

taking care of family members. Using that information, Imus developed messages about the need for women to make themselves priorities so they are better able to take care of their families. She also developed campaign messaging based on information gathered from the group on how Catholicism, as well as dietary customs in the Hispanic culture, affected the women's health behaviors. This messaging development reflects two-way symmetrical communication. It also demonstrates use of the health belief model (Rosenstock, 1960).

“We have learned through offering different opportunities for cultural competency training that it's really important to make sure that the people that you're trying to get your message out to are involved in the development of a message,” Imus said.

Additionally, she said, audience members display more buy-in into campaigns when they know community members helped develop them.

Deirdre Sullivan, Larimer County Department of Health & Environment.

For the smoking policy campaign, Sullivan's one-way and therefore asymmetrical communication tools included her use of editorials and other media as well as paid advertising.

Sullivan also used two-way symmetrical communication strategies by basing the campaign on the feedback she received about smoking as a workplace health issue. She developed messages about servers and other employees benefitting from smoke-free work environments. She found that there were misconceptions about ventilation systems making smoky workplaces adequately healthy and based messaging around that issue.

“We interviewed the police chief, the school principals, bar and restaurant owners, workers, parents, a whole gamut of folks. And then you actually take the results of those interviews,” Sullivan said. “And then you can design your campaign around that, and it gives you strategies.”

Jane Viste, Larimer County Department of Health & Environment. Many of Viste’s efforts involved two-way asymmetrical communication. When health promotion practitioners are at booths and events engaging in conversations with audience members, those conversations do not always incite changes in campaigns, making them asymmetrical. Some of the work Viste discussed fits into this category.

Viste she said she would like to be letting audiences influence her campaigns more. She said the feedback audience members can give about needed changes helps her convince her superiors that influence is something that should be a part of all department health promotion campaigns.

“I think bringing the audience in to design what we do is crucial because ... whether it’s culture, whether it’s socioeconomics, whether it’s literacy levels, there are so many components that go into a positive reception of a message,” she said.

In her job, Viste said, she often does not have the resources, including time and money, to carry out much evaluation, which when done can lead to both asymmetrical and symmetrical communication efforts. She has done work to glean what she calls anecdotal success after campaigns with one-way asymmetrical communication actions such as counting attendance numbers and reviewing the amount of partnerships she garnered. Viste also used two-way efforts such as talking to people involved to see if they

believed audience members were receptive, an action that could be asymmetrical or symmetrical depending on how Viste used the feedback.

Kristin Kirkpatrick, City of Fort Collins Department of Transportation

Planning. For the Safe Routes to School campaign, Kirkpatrick used two-way symmetrical communication strategies when she directly utilized stakeholder/audience feedback to outline an action plan detailing campaign elements and strategies, which then led to the marketing plan for media relations, brochures and other tools. Some of the tools that came out of the plan, including press releases, demonstrated one-way and therefore asymmetrical communication.

Kirkpatrick used two-way symmetrical communication after interacting with audience members and stakeholders from each participating school and learning about the schools' infrastructure and needs. If, for example, an elementary school already had a safe, well-established sidewalk system students could use, then Kirkpatrick helped set up drop-off sites to promote groups of students walking to school together from one place.

"It was very much get in the trenches, figure out what the issues are, and probably the parents were there to make it their own – to address the things that they needed to do," Kirkpatrick said.

In other demonstrations of two-way symmetrical communication, audience input influenced Kirkpatrick's decisions about details such as what giveaways to offer and what to include in "kits" to help parents keep campaign-related healthy behaviors going after the campaign was over. Program details changed based on feedback as well, such as changing the color of flyers based on paper colors the school already used for take-home letters.

RQ3: Practitioners' Perceptions of Other Organizations' Efforts

RQ3 investigated how practitioners thought the three principal types of organizations apply principles of directionality and balance differently. It asked interviewees to compare other organizations to their own and whether they thought that particular organizations (or their own organization compared to others in the category) particularly engage in one-way versus two-way communication and in symmetrical versus asymmetrical communication, and why.

The following describes the results of these interviews in reference to RQ3. The researcher found it interesting that the practitioners' perceptions in many ways aligned with their colleagues' stated realities.

Laurie Zenner, Poudre Valley Health System. When asked about government agencies and their communication campaigns, Zenner stated that government agencies appear to face more barriers to using two-way and symmetrical efforts because of budget constraints and policy restrictions.

Nonprofit organizations face similar issues with resources that government agencies do, Zenner said, and therefore they also are less likely to use two-way and symmetrical communication.

"I think in nonprofits, too, the whole struggle is resources. And that's a shame because many of them have great things to offer, and they have to spend a lot of their time worrying about how to stay afloat," Zenner said.

The topic of other hospitals and the nature of their campaigns was not discussed.

Janet Werst, Poudre Valley Health System. Government agencies, Werst said, can face challenges with internal politics as well as funding that make campaigns less

stable in terms of surviving budget cuts. With these agencies, Werst said, data and proof of favorable evaluative results (which often requires two-way communication efforts to obtain) can be key to providing flexibility in campaign development.

Nonprofit organizations, Werst said, also deal with budget constraints, in part because they rely so much on funding. This leads them to use two-way communication in terms of using data as a way to garner support.

“Grant funders want to know what their money’s going for and how it makes a difference,” she said. Werst had 15 years of experience working in nonprofits and said she was passionate about the field.

Other hospital organizations, Werst said, use a mix of one-way and two-way communication. They hand out brochures and other deliverables, which reflect one-way communication, at community events, but they also interact with audience members at those events, therefore using two-way communication. When communication does go two ways, she said, hospitals will often use symmetrical methods at the same time depending on management-level support and what type of category the hospital is under.

Marketing Manager, regional nonprofit health system. When asked about the communication of other hospital organizations, the marketer said she knew from conferences and other interactions with hospital communicators that they use two-way communication such as patient advisory boards and other patient feedback. She said these communicators then use this information to shape their campaigns, making the efforts symmetrical.

“When I look at what those institutions are doing, patient stories and patient feedback, voice-of-the-community stuff is not unique to us. I think it’s kind of a trend in health care,” the marketer said.

When asked about nonprofits, the marketer said she has observed that nonprofit organizations tend to use national campaign materials as tools and information to shape their own campaigns rather than localizing them, which usually indicates one-way and therefore asymmetrical communication.

The marketer did not indicate that she had a large amount of knowledge about the nature of government campaigns, but did state that she has observed government agencies collect information from community members to assist their campaign efforts, which demonstrates two-way communication. The marketer did not associate governments with either asymmetrical or symmetrical communication.

Kim Sharpe, Healthier Communities Coalition of Larimer County. Nonprofit organizations that are service-oriented, Sharpe said, are less likely to use two-way communication in terms of looking for customer input to improve their services than government agencies or hospitals are. These nonprofits tend to use one-way communication by utilizing programming they know has worked in the past, and that programming often comes down from national guidelines.

If nonprofits do seek feedback, Sharpe said, they tend to hand out questionnaires or utilize similar forms of two-way communication. Sharpe said those organizations rarely make changes based on that feedback, so those types of efforts demonstrate two-way asymmetrical communication.

Government agencies tend to be similar to nonprofits, Sharpe said. One restriction they face to incorporating two-way or symmetrical efforts into new or existing campaigns, Sharpe said, is the fact that government agencies tend to resist change to their missions and the way these missions are carried out.

Sharpe did not comment on hospital organizations in general, but she did say that she knows Poudre Valley Health System often uses two-way communication by gathering input before starting programs or making other changes.

Gretchen Emick, Northern Colorado AIDS Project. Nonprofits, Emick said, use different types of communication based on what type of nonprofit they are and what their mission and focus are. A lot of this is based on funding and other resources, she said.

Government agencies, Emick said, often use one-way communication based on what their tasks are. They have more resources than nonprofits, she said, so they do have more access to the utilization of two-way communication than nonprofits do. However, she said, government agencies seem to have to undergo more review from others outside of the campaign effort in order to receive approval, which could be a barrier to making changes to campaigns.

Emick said she was unsure about the nature of hospital communications efforts.

Scoot Crandall, TEAM Fort Collins. Crandall spoke specifically to social norming when he discussed nonprofits. He said the idea is likely relatively new to many nonprofits, so promoting audience interaction using that particular method is not happening often yet. He also thinks nonprofits tend to focus on their old way of doing

campaigns, which may decrease the odds that they will include more audience interaction or influence than in previous years.

“Sometimes it’s tough to look beyond what we think might be working into what really seems to be working, and we hold tight to those things that we have always done for a long time. I did,” Crandall said.

When discussing government agencies, Crandall said federal government agencies seem to be using social norms approaches, which can utilize both one- and two-way communication, more than in the past. They also seem to be doing more two-way research to test campaign effectiveness.

“They used to just give dollars and not demand the data to support ... now you have to provide the data that you’re doing something that’s making a change,” he said.

Crandall said he did not know enough about hospitals’ campaigns to discuss the nature of their communications.

Richard Cox, Health District of Northern Larimer County. Cox, a former media relations professional for a hospital, said that hospitals and nonprofits probably have more time and other resources than government agencies. Making changes to the use of those resources, he said, can be difficult because health promotion practitioners must convince the people who control the use of resources of the value of change.

Therefore, he said, if practitioners from hospitals and nonprofits are interested in doing more research that flows two way and possibly involves audience influence, they not only have to believe in the value of those changes themselves, but also convince others to see that value.

Griselda Still, Weld County Department of Health & Environment. Still said that hospital campaigns tend to use premade materials as tools, which generally involve one-way, and therefore asymmetrical, communication. Nonprofit organizations and local government agencies often create their own campaign materials, she said, allowing for more flexibility in using different forms of communication.

Government agencies' efforts, however, do differ depending on their jurisdictional level, Still said. State agencies, for example, may have the resources to incentivize participation in focus groups, which exemplify two-way and possibly symmetrical communication. County agencies may not have the same level of resources, she said, making the use of two-way and symmetrical communication less likely. Having enough resources to evaluate campaigns and measure their success also opens doors for future campaign development and implementation, Still said.

"It's hard to measure: Did your campaign work or not? Unless you spend all this money, which is also what the state level does for you. So for us locals, it's kind of, 'Well, it had to have helped somebody,' or it was better than nothing," she said.

Kelly Imus, Weld County Department of Health & Environment. Government agencies, Imus said, don't always have a choice in what types of communication they use. If a program is coming down from a higher-level agency, such as the state, it will not be based on the needs for a specific audience within a county.

Imus said many government agencies, when doing campaigns on their own, are utilizing two-way and, if possible, symmetrical communication when developing their own campaigns. One restriction to this, she said, is time and other resources, such as funding.

In relation to hospitals, Imus said that government standards impact hospitals' campaigns. Those standards, such as providing equal access and quality care for everybody, have led hospital campaign developers to involve audience members in decision-making efforts, an action which uses two-way communication and creates a possibility for symmetrical communication.

Nonprofit organizations, Imus said, seem to be using audience interaction and possibly influence more than ever before.

Deirdre Sullivan, Larimer County Department of Health & Environment.

Government agencies, Sullivan said, can be limited in making choices with campaign design and implementation if the messages were pre-developed by a higher-level agency, such as the state. In those cases, she said, county agencies, for example, are there to implement that pre-developed campaign in their area. This task limits the ability to change whether a campaign involves audience interaction or influence. Also, she said that government agencies don't always have the resources, particularly in terms of staff time, to gather a lot of feedback or implement changes based on any feedback they do get.

Sullivan also stated that local government agencies may be more likely to utilize symmetrical communication than higher-level agencies such as states because it's easier for them to have a sense of the community's culture.

Nonprofits, Sullivan said, are not likely to utilize two-way communication and therefore are not likely to use symmetrical communication.

Sullivan stated that she did not know enough about hospitals to comment on the types of communication she thinks they use.

Jane Viste, Larimer County Department of Health & Environment. Viste, who has a master's degree in public health, is a proponent of research – such as summative research to measure the impact of campaigns – which can demonstrate one-way asymmetrical as well as two-way asymmetrical and symmetrical communication. She said some government agencies use research more than others. Government agencies, Viste said, do seem to be reviewing their campaign strategies more than in the past because funding is limited and they are more focused on prevention rather than reaction for public health issues. There also seems to be more funding for some government agencies to focus on prevention in health promotion, she said.

Nonprofits interact with their audiences sometimes, generally depending on the topic of their campaigns, Viste said. When she has a partnership with a nonprofit, Viste said, she is more likely to be able to carry out two-way communication in part because of combined resources.

“I think nonprofits are key in health promotion and for an agency like ours that doesn't have a lot of money, time or staff to do a well-evaluated, well-planned health promotion program, partnering with nonprofits is essential because they're down to that level. They know their target. They know who they are serving,” Viste, a former nonprofit employee, said.

She also said nonprofits tend to use symmetrical communication efforts more than government agencies because nonprofits' audiences are often more specific and more of a niche. Viste, for example, is tasked with serving the entire population of Larimer County.

Hospitals, Viste said, do market research, which can reflect different types of communication, but they also at times face large, diversified audiences like government agencies do, which can restrict the ability to use audience interaction and influence.

Kristin Kirkpatrick, City of Fort Collins Department of Transportation

Planning. Kirkpatrick stated that the nature of government campaigns depends on the attitudes of staff and culture of their departments, as well as the availability of resources. Government agencies, she said, have a goal of transparency, so two-way communication is sometimes a required aspect of campaigns. These agencies have the purpose of serving constituents, and two-way symmetrical communication is frequently used to further that purpose, Kirkpatrick said.

Nonprofits, Kirkpatrick said, generally conduct two-way communication, in part because they often hold a similar mission of transparency to those of government agencies. She had nonprofit experience. Hospital campaigns tend to reflect the types of communication that match the industry's best practices. Also, she said, the setup of the hospital, such as whether it is a nonprofit system, can influence the nature of the campaigns staff members conduct.

Across all types of organizations, Kirkpatrick said, newer health promotion campaigns tend to reflect increased use of audience interaction and influence. Established campaigns, however, tend to use more one-way asymmetrical communication methods and are not changing because those programs are often already considered to be successful.

CHAPTER 5: DISCUSSION

Through the series of semi-structured interviews with 12 health promotion practitioners, this study gained useful insight about hospital, government and nonprofit health promotion campaigns, the types of communication used in these campaigns, and health promotion practitioners' perceptions about the types of communication agencies other than their own are using in campaigns.

RQ1: Direction of Communication

All 12 participants in this study discussed using both one-way and two-way communication in their health promotion campaigns.

One-way communication included: use of promotional/educational materials such as flyers, posters, and brochures; use of media via press releases, letters to the editor, and paid advertising; distributing informational materials at events; handing out giveaways; passing on materials produced by other agencies; and offering discounts on health- or safety-related products. Interviewees' use of research was categorized as demonstrating a one-way flow when practitioners did not interact with audience members as part of their research efforts; an example would be when Janet Werst of Poudre Valley Health System studied data such as injury and death statistics for her campaigns.

Forms of two-way communication included: holding discussions with audience members/influential campaign stakeholders (such as teachers, parents, and physicians);

conducting audience focus groups; answering audience member questions; conducting surveys of community needs; and requesting and receiving feedback, either formally or informally. Many of these activities represent forms of research, which in this study was defined as flowing two ways when audience interaction was involved in the research effort.

The study produced meaningful results that hold potential for future use in the health promotion field. In addition to revealing *what* practitioners from the three principal types of organizations were doing, the study shed light on *why* they have chosen to work that way.

For example, Kristin Kirkpatrick said that her department within the city government of Fort Collins supports a complex foundational role that includes, but goes beyond, information dissemination. This role, she said, is founded around the goals of being transparent and community-oriented.

“Everything that we do, whether it's planning a new bus route, or anything that we do in any capacity, has tons of public involvement, tons of public outreach,” Kirkpatrick said, and the function of government in society “is that it's supposed to be a reflection of the values and the needs of the citizens that are paying us.” This function drives the city of Fort Collins to frequently use two-way communication by gathering feedback from members of the target audience.

Interviewees often expressed a desire to utilize more two-way communication in their campaigns than they have historically. Despite Fort Collins’ frequent use of feedback-gathering tools, Kirkpatrick was similar to other interviewees because she

expressed a desire to utilize more two-way communication in campaigns. These participants said this goal is frequently held up by a lack of resources.

In reference to her Safe Routes to School campaign work, Kirkpatrick said, “If there’s one thing I wish we had the money to do would be to have a youth advisory committee because we’re doing programs aimed at youth, and we don’t have a forum right now to have youth input, which, obviously, seems a little ironic to me. But in terms of programmatic messaging, we don’t have that, and I wish that we did, but we don’t have any funding for it right now. I think all of our barriers are resourcing issues. Either a staff resourcing issue, or a monetary resourcing issue.”

Because resources were such a frequently-mentioned issue in the interviews, it may not be a surprise that this study yielded useful discussion of tools practitioners can implement to work around resource shortages. These methods and tips can greatly benefit other practitioners who are looking for ways to incorporate two-way communication even with limited funding and staff time.

A simple, time- and cost-effective example came from the interview with Kim Sharpe of the Healthier Communities Coalition of Larimer County. Sharpe cited using a lot of one-way communication methods to advertise her events. But at the events, she gained information and feedback via some very simple two-way communication efforts: asking attendees how they found out about the event, and using surveys to gather other event-related feedback. Other health promotion practitioners and their organizations would benefit from considering adding these types of simple two-way efforts to their campaigns if there is not enough time, money, or staff to carry out more involved methods.

Another idea participants discussed in their interviews was designing campaigns around the idea of diffusion of information or viral marketing by utilizing audience members as conduits to spread the campaign message to others throughout the community. The effectiveness of this method serves as a lesson to other practitioners, who may be able to use their limited staff and monetary resources to work with a smaller target group or groups, and then see that the information is later disseminated to the larger target audience community.

In particular, one area of health promotion that may especially gain from the practice of spreading messages is when the target audience is younger, such as teenagers. Janet Werst from Poudre Valley Health System has used a similar approach as part of a campaign on Colorado's graduated drivers' license law. She said that the issue with teen audiences is one of receptivity.

"We said, 'How do we get to the teens?' And I said, 'Well, they're not going to care who I am, or what I have to say. I'm nobody in their world. So let's do some peer education,' " said Werst, a former teacher. This reflects the use of communication models that have come out of diffusion research (Rogers, 1995; Rogers & Shoemaker, 1971) and the use of opinion leaders who are influential.

Werst's program offered high schools campaign information and a \$2,000 "mini-grant" to help students develop their own internal campaigns, whether through organized student council efforts or another method of schools' choice. That funding, in addition to the small task of sharing implementation ideas with the students, led schools to develop individualized programs with minimal demands on the health system's resources.

Scot Crandall of TEAM Fort Collins, who was a teacher for nearly 30 years, cited great success through the use of organized youth advisory groups he called Street Teams. Crandall said that when he creates these teams, he works to get students from different peer groups such as athletes and academic-oriented teens on board, an idea other health promotion practitioners could emulate in their campaigns.

The students “are the ones who spread the word. So we interact with students on a focus group level, then we have a lot of interaction with kids on a Street Team level, and then actually those kids have the primary interaction with their fellow students, because they become the messenger,” Crandall said.

Jane Viste from Larimer County said it can be difficult for any organization to reach out to a target audience when faced with tight resources, especially when that target audience is like hers (an entire county) or like some that of some hospitals (an entire community). That’s why she, like other interviewees, works to develop groups that will spread her campaign messages on to others.

“We can’t possibly be going out and be the only ones to try and to impact every person in our community,” Viste said. “In health promotion, it’s really important to look at how can you get to that end. And is your role really just to get to the first layer ... If you have layers of stakeholders, you’re going to get down to the better level of effective promotion with particular communities.”

Viste’s statement relates to another aspect of passing on messages that this study revealed: Practitioners benefit from not only passing messages on through smaller groups, but also from working to ensure the people in those groups truly feel involved in the campaign process.

Kirkpatrick discussed the idea of opinion leaders when she said, “Our program is taking people who are interested and trying to empower them to create their own change at their school. So it's really tailored for those particular circumstances – for those particular issues, and because we don't have the staff resources, we're not there every day doing it. So it's really us getting people the skills and the resources that they need to be able to make it their own.”

RQ2: Balance of Communication

As stated, all 12 interviewees in this study used both asymmetrical and symmetrical communication.

Forms of asymmetrical communication used by interviewees included use of one-way tools primarily used to influence publics, which therefore did not enable publics to influence the organizations' campaigns. This included use of news media as well as promotional/educational materials and other tools to disseminate campaign messages. Interview participants used media in two main ways; the first was by garnering coverage through letters to the editor or press releases. The other was using paid advertising. Promotional or educational materials included posters and flyers. Some interviewees said they have handed out giveaways to either promote a message or encourage audience members to follow through with the messages they are exposed to through campaigns.

Participants also discussed using asymmetrical research efforts, such as reviewing statistics, legislation or other relevant data or policies that may affect their campaigns. These research methods were categorized as asymmetrical because they did not offer audience members the ability to influence campaigns.

This study suggested that campaigns were impacted by audience members and more symmetrical communication was a goal of interviewees' initiatives. Forms of symmetrical communication that participants used included informal methods of gathering feedback (such as casual, anecdotal discussions) and more formal methods (such as structured focus groups and surveys) that participants then used to change campaigns, whether for development, during a campaign, after a campaign (before developing another similar one), or any combination of those stages. An example in the campaign development stage was interviewees' efforts to speak to teachers, physicians, parents, students or other relevant audiences to gain ideas about barriers to success and create or change campaigns based on that information.

Like other interviewees, Viste said she would like to allow audiences to influence her campaigns more. She said she would use that information to better measure the impacts of her efforts, which would help her make decisions about how to conduct campaigns in the future. However, a lack of resources restricts that goal.

"When funding is not available, how do you measure success? When you can't – you're a one-person team and you have such an immense role of things you have to do. At this point, I can't give you any quantitative look at what's been successful," Viste said.

She cited her work staffing the county's booth on West Nile virus at a local fair as an example: "You sit all day. And if you want to measure impact, I think it's just about zero. People either don't stop or they stop, pick up a pamphlet and never look at again, and there isn't a lot of interaction. I thought, well, what we want people to do is wear

repellant. So let's go out and make sure they use repellant. Then go in and we've got immediate impact," she said.

"We got \$100. The department scraped up \$100 to go buy repellant, and we went out there expecting an occasional person to walk over and use it. We were mobbed." Although being "mobbed" isn't statistically sound proof of success, Viste saw it as an anecdotal example of audience engagement and an example of how to gain flexibility in campaign implementation on a budget, which can lead to more symmetrical efforts.

Another interviewee with a similar outlook was Gretchen Emick from NCAP, who discussed using asymmetrical communication at events by answering questions at booths. She said her organization does the best it can with the resources that are available, because audience influence can help improve their campaigns.

"Unfortunately the funding for prevention is a much smaller pot of money than for case management, so we don't have the money to do everything we would want to do, and we don't have the resources to really put into affect the most effective approaches for preventing HIV. We can only do so much, so we tend to do a lot of little things rather than big, huge things," Emick said.

Emick and Viste hit on a key point: Health promotion practitioners could benefit greatly from a "small things" approach. Interviewees in this study gave strong examples of how they utilized the feedback they did have time to get and made even the simplest of adjustments to their campaigns based on that feedback. For example, Kirkpatrick changed the Safe Routes to School snacks. She heard that granola bars' peanuts may aggravate kids' nut allergies (which are more prevalent than Kirkpatrick knew), and she heard that oranges were too messy. Her solution? Give kids bananas. Those types of

changes are “vague, small things,” Kirkpatrick said, but they do make a difference in the success of a campaign.

The other benefit of these types of changes, which are based on gathering feedback and then responding to it by changing campaigns, is that they can greatly increase audience reception to campaigns. In Kirkpatrick’s case, her audience knew she was listening to their comments about nuts and oranges. Audience reception is key; if practitioners don’t get that reception, the worth of their efforts (and therefore wise use of scarce resources) greatly diminishes. This study, then, provides a good lesson for practitioners. Changing something as minor as a snack doesn’t really effect costs, staff time, or other resources – it just requires a listening ear that responds to what it hears.

Another “small things” approach to changes that could help practitioners is using research time as efficiently as possible. Werst’s research work is one good example; she used her research time to look into other organizations’ campaigns and see how she could utilize what those practitioners did and what they learned, and then applied it to her own work. This may seem obvious, but health promotion practitioners faced with busy schedules and budget cuts are at risk for doing work that, essentially, someone else has already done. It is wise to be selective about when and when not to use symmetrical research efforts, and to decide which specific research approaches make the most sense.

“We’re not about reinventing the wheel. I’m not, anyway,” Werst said. “If there’s a program out there that I can tweak and make it my own, and make it pertinent to my community, I’m going to use it. I’m going to contact the people who developed it and ask them questions and make sure that I’ve got a program that is data driven, evidence based, and has evaluation results, so that we can replicate it in our community.”

This study also demonstrated that partnerships, a topic discussed earlier in this chapter in relation to audience interaction, can add richness to audience influence-related efforts as well. If audience members are already part of a campaign or can be included in a symmetrical manner without too much effort, working with their ideas as much as possible will benefit everyone and increase the success of the campaign. When practitioners involve audience members in campaigns, they become empowered and feel as if they are a part of the solution, which then opens the doors to more frequent and meaningful influences between both practitioners and their target audiences.

“There’s an obvious benefit for them being involved, as well as an obvious benefit to us and the families in our community – getting that information out there,” Kirkpatrick said. “Not only did they influence us, but we really helped them decide on what their strategies were, and what they needed to focus on, and what they wanted to focus on given their particular issues.”

RQ3: Practitioners’ Perceptions of Other Organizations’ Efforts

Interestingly, the 12 practitioners’ perceptions in many ways closely matched what their colleagues’ stated realities were. Although some interviewees had backgrounds in other types of organizations that likely shaped their perceptions, many did not. Therefore, their perceptions about the practices of others mirrored colleagues’ realities despite not having real-life experience as a basis.

Hospital practitioners' perceptions

Of the three interviewees who worked for hospitals, two said they thought that government agencies face barriers, such as funding and organizational policy, that lead to a lack of flexibility in campaign development, and with that, less use of two-way and symmetrical communication efforts. This view accurately reflected statements from government practitioners who were interviewed for this study. The third hospital practitioner said the amount of feedback government practitioners seem to gain in their work demonstrates the use of two-way communication.

When asked about nonprofit organizations, one of the hospital interviewees perceived nonprofits as having similar barriers brought up about government, such as a lack of funding to carry out two-way or symmetrical communication. Nonprofit interviewees' statements about reality go along with this view. Another hospital interviewee thought that restrictions in nonprofit funding actually pushed those organizations to use more two-way communication than others because they must garner data to measure success. The third hospital interviewee believed that nonprofits tend to rely on their larger (such as national) parent organizations to provide materials that they then pass out in a one-way asymmetrical manner.

Of the two hospital interviewees who did discuss other hospitals' work, one said that hospitals tend to use two-way symmetrical communication more often when factors such as management support are present. The other interviewee said other hospitals often use two-way symmetrical communication through patient-focused feedback such as patient advisory boards.

The hospital health promotion practitioners interviewed in this study tended to view their counterparts in both government and nonprofit organizations as bound by restrictions, including policy for governments and grant funding for nonprofits. They viewed hospitals in general as having more freedom than the other two types of agencies.

Based on this information, hospital health promotion practitioners, who despite feeling some level of freedom still cited barriers such as management approval, would benefit from observing how their government and nonprofit counterparts work around their own respective restrictions and barriers. For example, the methods government interviewees said they used to bypass restrictive policies and politics could be useful for hospital employees when they need to deal with their own managers' limited views. And nonprofit interviewees' use of data to garner future funding is an example of information that could impress hospital management during budget time when a new campaign idea is at stake.

To this end, hospital practitioners should take heed of advice Richard Cox of the Health District of Northern Larimer County gave in his interview. Cox, who formerly worked in hospital media relations, saw hospitals as having an abundance of time and resources. But it depends whether they use them in a two-way or symmetrical manner. He said, "I think, first and foremost, you have to believe it yourself, and then I think you have to sell that and the demands for time and resources it requires to the people that can control those resources and provide access to them."

Nonprofit practitioners' perceptions

When asked about government practitioners' work, the nonprofit interviewees' perceptions including thinking that government agencies are restricted in campaign flexibility based on their respective agencies' missions. The nonprofit interviewees also viewed government practitioners as having to face more internal scrutiny from other staff members, such as supervisors, who are not part of the actual campaign work. However, two interviewees also stated that government agencies have more flexibility in campaign design and implementation than nonprofits because they have more available resources such as time and money.

Three of the four nonprofit interviewees stated that they did not know enough about hospitals' health promotion campaigns to comment, with Cox being the exception. As stated before, Cox said he saw hospitals as having more resources than other types of organizations, but he did not think that the availability of those resources necessarily guided the nature of hospital employees' communication efforts.

Discussions with the nonprofit interviewees revealed that they saw other nonprofits as having similar restrictions to those of government agencies. They said they need to base campaigns on organizational missions, what they've done for campaigns in the past, and whether they must adhere to the campaign practices of a parent or oversight organization. Therefore, the interviewees said, other nonprofits are less likely to bring two-way or symmetrical communication on board if they weren't using it before. Statements made by nonprofit interviewees about their realities reflect this view as accurate for them.

For example, Sharpe said that service-oriented nonprofits often know what programming works for them and that their campaigns are frequently based on national-level guidelines, so they are less likely to add in two-way or symmetrical communication when it wasn't there before.

"I think a lot of it comes down from the national organization. I mean, they've been doing it long enough. They know what works. They do what they do," she said.

This study revealed that health promotion practitioners who work for nonprofits should realize they are seen as a resource to other organizations, especially government agencies. This has led to partnerships in which all involved parties benefitted.

Viste, who also had nonprofit experience, said Larimer County works with nearly every health-related nonprofit in the county. "Nonprofits are key in health promotion, and for an agency like ours that doesn't have a lot of money, time, or staff to do a well-evaluated, well-planned health promotion program, partnering with nonprofits is essential because they're down to that level. They know their target. They know who they are serving," she said.

Werst's hospital work has also benefitted from being part of collaborative efforts with other organizations such as nonprofits, which causes campaigns to be treated as county-wide efforts.

"Within Larimer County, we do a really good job of making sure we're not duplicating services and we're working together," Werst said. "So we're looking at the whole well being of our community. Each of us is not just focusing on our one project or program, which is really nice."

This study revealed that, clearly, when different types of agencies come together, campaigns can improve for everyone involved, which ultimately benefits audience members from the community. For example, if a nonprofit has grant funding to do a campaign, a hospital has staff time, and a government agency has important connections with officials, these practitioners can come together and create a very strong, effective health promotion campaign.

Government practitioners' perceptions

In the study, government interviewees reported having a mixed view of whether health promotion practitioners who work for nonprofits tend to use one-way or two-way communication. They based these impressions on nonprofits' ability to create their own materials rather than having to use those from higher-level agencies, as well as on nonprofits' missions and goals. Both may open the door for more flexibility to use two-way and possibly symmetrical communication, the government practitioners said.

Discussions with the government interviewees suggested that hospitals are seen as organizations that face a range of restrictions related to flexible campaign development and implementation. Hospital practitioners must adhere to best practices and standards based on the type of hospital they work for, some interviewees said. While one interviewee said that hospitals often rely on nationally produced materials that reflect one-way asymmetrical communication, others thought that hospitals did more two-way and possibly symmetrical communication via their research efforts. The hospital interviewees did in fact say they used symmetrical research efforts often.

Most of the government interviewees said that other government health promotion practitioners' campaigns are very much restricted by the jurisdictional level of their agency (local, city, county, state, or federal). If a higher-jurisdiction agency is dictating what the campaign must include, then the practitioners from the lower level do not have the option to make changes. Often these campaigns involve one-way communication in the form of distributing promotional and educational materials. However, if this restriction is not in place, the practitioners said that lower-level agencies generally have more leeway to incorporate two-way and potentially symmetrical communication because of factors such as the ability to interact with their target audiences. These views are in line with statements their government colleagues made in interviews for this study.

To that end, this study revealed an important lesson: Government health promotion practitioners can learn a lot from other government agencies' efforts to work directly with their target audiences. For example, Weld County's Griselda Still said she works to gather input whenever she can, such as at the tail end of presentations she gives at schools. Because students are already there and available, Still will take five minutes to get feedback on a slogan or other idea she developed. In a case like this, if the students said they didn't like what Still presented, she asks them what they would like and takes that information back to make changes.

Still admits that while no single message will be a 100 percent fit for every audience member, the ability to get audience feedback can make all the difference.

"People will tell you exactly what would make them want to change, and if you don't listen to that, then you can have the most clever campaign slogan, but if it's not reaching people, then it's kind of for nothing," she said. This study showed that even little

efforts like Still's five-minute feedback sessions can help practitioners attain campaign success.

Kelly Imus from Weld County has also worked to get feedback when possible. To her, that work is most critical when culture or other factors might likely influence the development of the campaign.

"It's so crucial to have who you're trying to get your message to at the table. They absolutely have to be involved for it to be effective, especially when you're dealing with diverse cultures that you may not know a lot about, she said. "So I think that's really, really important. It's more time consuming, and you have to put a lot more effort into it, but ultimately I think you get better results."

Implications for Future Health Promotion Campaigns

Comments made by all of the health promotion practitioners suggest four key conclusions as well as recommendations about health promotion campaigns specific to employees of each of the three types of organizations included in the study: government agencies, nonprofit organizations, and hospitals.

First, this study revealed that health promotion practitioners can overcome a lack of resources to implement two-way communication efforts in their campaigns, no matter how daunting the task seems. Two-way communication involves interaction; it doesn't have to mean holding extensive focus groups where participants are compensated, nor conducting detailed community surveys every year. Those tools can be useful, without a doubt, but so can other simpler, less time- and cost-demanding activities. Even the smallest of efforts, such as gathering feedback informally by asking people how they

knew about an event, can be revealing and helpful for practitioners' campaign work and open the door for symmetrical communication efforts in the future. With this in mind, practitioners would benefit from better utilizing their own creative abilities, rather than requiring more time, staff, and money.

Second, practitioners should start seeing their audience members as valuable resources. This would utilize communication models that have come out of diffusion research (Rogers, 1995; Rogers & Shoemaker, 1971). Practitioners can, in most cases, only access a limited number of people directly, but can to work around that issue. When campaigns are designed around utilizing the audience members that *can* be reached, and finding ways for them to spread messages on to other community members, more audience members will be reached. Also, this tactic adds the potential for practitioners to share and pass on more depth and breadth of knowledge with the original audience members, which may mean a better depth of understanding among the wider audience members that are ultimately reached. Audience members can effectively serve as respected community members to represent a cause.

Such leveraging can be especially important when the target audience includes young people, such as teenagers. Practitioners in this study wisely utilized willing young people to spread campaign messages among their peers instead of trying to, as adults, tell strong-willed teens what they should be doing.

Third, and similar to the point made earlier about two-way communication, practitioners should not feel overly limited in regard to incorporating symmetrical communication in their campaigns. This study demonstrated that responding to feedback does not always mean overhauling campaigns. Even small tweaks not only have the

power to improve a campaign, but they also show those who gave the feedback, as well as their peer audience members, that the professionals implementing the campaign are willing to not only listen, but also respond to, audience members' comments. This practice has potential for all practitioners as they develop future health promotion campaigns, because it can increase audience reception of messages and therefore increase the chance the healthy behaviors will take place.

Fourth, partnerships can add to the breadth and depth of audience interaction as well as audience influence. Practitioners who discussed partnering with other agencies reported campaign success. This is another way to conquer a resources issue and help make campaigns more effective.

Other Notable Observations

Besides the four across-the-board insights listed above, this study also revealed important insights for the health promotion practitioners from each of the three principal types of organizations.

Hospital health promotion practitioners, in addition to their counterparts from government and nonprofit organizations, stated that hospitals were limited by such barriers as management approval to make changes to campaigns. That means, for example, less flexibility to add audience interaction or influence to a campaign if these components weren't there before. Hospital practitioners would benefit from observing how the other organizations work around restrictions and red tape. Preparing strong arguments with evidence about the method's success on hand before presenting them to

management can help practitioners obtain approval to carry out campaigns the way they see fit.

Nonprofit practitioners would greatly benefit from seeing themselves as a resource to other organizations. Government practitioners in particular cited nonprofits as ideal collaborating agencies for health promotion campaigns. If practitioners for nonprofits would see the potential for partnerships more often, they could team up with others to create resource, idea and manpower pools that would propel their campaigns to a higher level. Audience members benefit because campaigns are more effective.

For government practitioners, this study demonstrated the need to utilize audience interaction and influence in perhaps different ways than they do now. If practitioners want to use these types of communication in their campaigns but don't feel it is possible because of resources or other issues, they would benefit from taking the time to determine when these types of communication would have the greatest impact. Then practitioners can look to find even small ways to incorporate audience interaction and influence, especially if they do have access to audience members through their work.

Limitations of Study and Possible Future Research

Generalizations from this study are limited because the research was conducted within a specific frame (2008 to 2010), and trends in health promotion campaigns might change over time. The primary research methodology used was the in-depth interview, and the interviewees' time constraints restricted the length of interviews.

The findings are also limited to an analysis of health promotion practitioners from certain organizations within the northern Colorado area. Those organizations each

represented only one of three types: hospital, nonprofit, or government, and excluded for-profit organizations (such as for-profit medical clinics and equipment manufacturers). As a result, it is possible that the 12 practitioners interviewed are not fully representative of health practitioners as a whole, particularly the mix of communications used in campaigns as well as the views of the health promotion practitioners responsible for them. Similarly, the size of the organizations interviewed, as well as their audiences, may not be representative of how organizations with audiences of other sizes work. This study could be replicated to increase the number of practitioners from each of the three types of organizations. This would provide a broader study of how other organizations compare to those interviewed in this study. Increasing the number of organizations and informants, and interviewing practitioners in a more varied range of duties or roles, such what health promotion topics they develop campaigns about, might provide even broader perspectives.

This study focused on one aspect of communication theory, which is a very broad area. As mentioned in Chapter 2, a wide variety of models and theories can be applied to research on how health promotion practitioners, or mostly any type of communications professionals, conduct campaigns. Therefore, future research could investigate other theories and models and how they related to health promotion campaign development and implementation strategies. Future research could include empirical investigations of how audience members for health promotion campaigns are affected by campaigns that incorporate varying combinations of one-way and two-way communication strategies and tools and asymmetrical and symmetrical approaches. This same study could be performed by applying Grunig's conceptions of directionality and balance to strategies pursued by

organizations and how audiences react; this could especially prove useful if the research focused on times when interaction and influence took place and perhaps compared two scenarios (two-way asymmetrical and two-way symmetrical) and how audiences reacted and behaved.

Finally, the issue of resources frequently came up in the interviews for this study. It would prove interesting to research and perhaps calculate in some way the actual resources available to different types of organizations and see how they match up with perceptions.

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APPENDIX A: FILTERING/SCREENING PROCESS GUIDE

Initial Contact Script (for phone or e-mail use):

Hello, my name is Dana Strongin and I am a master's student in journalism and technical communication at Colorado State University.

I am conducting interviews for my thesis, which is a study on health promotion, and I think you may be able to help me learn more about this field.

If reached by phone through initial contact, ask screening questions. If sending or leaving a message: Please e-mail/call me back. I would like to ask you a couple of questions to see if you would be a good candidate and would be interested in participating in an interview. You can reach me at destrongin@hotmail.com or (913) 522-XXXX. Thank you for your time, and I hope to hear from you soon.

Screening questions (move through them only if answers match needs for study:

What is the name of the organization for which you work?

Does your organization conduct health promotion campaigns?

What is your job title?

Are you or have you personally been involved in any health promotion campaigns while working at this organization?

I am currently interviewing professionals such as you about the practice of health promotion. Would you be able to meet for about an hour and a half and discuss health promotion with me? Your participation would be completely voluntary, and at the time of the interview I would ask you to complete an informed consent form.

If so, set up time, date, and place. Then send e-mail confirmation:

Dear (insert name here),

Hello. You recently agreed to help me with my thesis research on health promotion practices by being interviewed.

I am writing to confirm the interview time. I will meet you at (place) at (time) on (date). If you need to change the location or time of the interview, or if you have any questions, please contact me at destrongin@hotmail.com or call my cell at (913) 522-XXXX.

Thank you for your participation, and I will see you soon.

Dana Strongin

APPENDIX B: CONSENT FORM

Consent to Participate in a Research Study
Colorado State University

Health Promotion Strategies in Non-profit, Hospital, and Government Settings

PRINCIPAL INVESTIGATOR:

Kirk Hallahan, Professor, Colorado State University, Fort Collins, CO 80523-1785. Tel. 1-970-491-3963.
E-mail: kirk.hallahan@colostate.edu.

CO-PRINCIPAL INVESTIGATOR:

Dana Strongin, 220 Peterson Street #4, Fort Collins, CO 80524. Tel. 1-913-522-XXXX. Email:
destrongin@hotmail.com.

The reason you are invited to take part in this research study is that you are a communication professional engaged in health promotion. The researcher (co-principal investigator) is a graduate student completing a thesis in the Department of Journalism and Technical Communication at Colorado State University, Fort Collins, Colorado.

The purpose of this research study is to understand how health promotion professionals practice. Employees at various organizations in Colorado and Wyoming are being interviewed about health promotion. The interview will take around one and a half hour.

Your conversation will be tape-recorded to help the researcher recall your comments and to analyze the data accurately. The content of the conversation will be used only for this research study and will not be shared with others, except in summary form in the final thesis and in any publication that might result from it.

The risks associated with your participation in this study are minimal -- no greater than you would encounter in talking about your work with any other person. Although it is not possible to identify all potential risks, the researchers have taken reasonable safeguards to minimize any known and potential, but unknown, risks.

There are no known benefits for participating, however, we hope you will benefit by being able to share your experience and insights about health promotion practices in organizations. Professional organizations might benefit by gaining a better understanding of strategies in health promotion. There is no cost to you for participating.

Page 1 of 2 Participant's initials _____ Date _____

Your participation in this research study is voluntary. If you decide not to participate in the study, you may withdraw your consent and conclude the interview with the researcher at any time.

Please inform the researcher if you have any questions. Later, you may contact Dana Strongin at destrongin@hotmail.com. If you have any questions about your rights as a participant in this research, contact Human Research Administrator Janell A. Barker at Janell.Barker@research.colostate.edu or 1-970-491-1655.

Your signature below acknowledges that you have read the information provided and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing two pages.

Please check one:

☐ I willingly give permission for my name, job title and affiliation to be stated in the study.

☐ I willingly give permission for my job title and affiliation to be stated in the study.

Signature of Participant

Date

Printed Name of Participant

Signature of Co-Principal Investigator

Date

APPENDIX C: INTERVIEW GUIDE

Getting Acquainted

1. Could you briefly describe your principal responsibilities in this position?

Most Successful/Other Campaign – Importance of Interaction


2. OK, tell me about the most successful campaign in which you have been involved for this organization. (Another organization is acceptable if recently hired.)

- a. Why do you consider it to be successful? *Probe for several reasons.*
- b. What would you say your organization *did* to make it successful?

If no audience interaction: skip to 3

If yes on audience interaction, ask for any additional detail:

- c. In what ways did your organization interact with the audience of this campaign?
- d. Why do you think this sort of interaction is important?
- e. In what proportion of campaigns does your organization include audience interaction elements such as that/those?

- 
3. **(No interaction in cited campaign):** You said that the campaign we discussed did not involve audience interaction. Are there *other* campaigns that you have conducted where audience interaction was important?

If yes:

- a. Tell me about it. *Probe for details.*
- b. Overall, in what proportion of campaigns would you say your organization interacts with the audience – none, a few, most?

- c. In what different ways is audience interaction utilized?
- d. Why do you think that such interaction is important?

If no:

- a. Why? [Why do you think they do not emphasize audience interaction?]

Other Organizations: Importance of Interaction

4. Thinking about *other organizations* of your type (non-profit/government/hospital) do they generally interact with their audiences directly when conducting ***health promotion*** campaigns?

If no:

- a. Why? *Probe as appropriate.*

If yes:

- a. In what ways do they interact with audiences?
- b. Why do you think that?

5. Do you think that *other organizations* of other types (non-profit/hospital/government) generally interact with their audiences directly when conducting ***health promotion*** campaigns?

If no:

- a. Why? *Probe as appropriate.*

If yes:

- a. In what ways do they interact with audiences?
- b. Why do you think that?

6. To sum up, how important do you personally think audience interaction is in a **health promotion** campaign environment?

Most Successful Campaign: Influence of Audience on Organization

7. OK. I'd like you to recall the successful campaign we discussed earlier. Did the audience of that campaign influence your organization *in any way*?

If no:

a. Why?

Probe (time permitting): Can you think of other campaigns where audiences had an influence on the organization? How?

If yes (audience of most successful campaign influenced organization):

b. In what ways?

c. In what proportion of campaigns does the audience influence your organization?

c. In what different ways?

d. Why?

Other Organizations: Influence of Audience on Organizations

8. Do you think that *other organizations* of your type (non-profit/hospital/government) generally are influenced by their audiences when conducting **health promotion campaigns**?

If no:

a. Why?

If yes:

- a. In what ways?
- b. Why do you think that?

9, Do you think that *other organizations* of other types (non-profit/hospital/government) generally are influenced by their audiences when conducting ***health promotion campaigns?***

If no:

- a. Why?

If yes:

- a. In what ways?
- b. Why do you think that?

10. To sum up, how important do you think audience interaction is in a ***health promotion public information*** campaign environment? *[Ask for any other thoughts interviewee might like to add, time permitting. Then ask for names of other health promotion practitioners.]*